## HEALTH DEPT

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files. Heolth, rector. h. If any delay is nid 3 to the funeral of may be retained for with the State B 0 6 Stat 50 Page 1 24 hours after ncil in Item 18. Give Pages Office along with form PM3. al-transit permit. File pages within puo burial-transit in pencil pending in pical Examiner's d 'pend the ward Chief Me 3 should EXAMINER: writing to the Case 3 orded t fico! MEDICAL should be FUNERAL DEP 50 0

VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Pr. Geo. Prince Georges MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Hwattsville h vears Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4800 Hamilton Street 1800 Hamilton Street YES NO TO 3. NAME OF Middle DATE Month Year DECEASED OF DEATH 19 58 March (Type or print) Allan Elizabeth Marguerite 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HES. last birthday) Months Hours WIDOWED | DIVORCED 1906 Female 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Medicine Vermont Registered Nurse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hellen Farrel Frank Patrick Murphy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give war or dates of service) Geo. Robt. Allan; same address as W.W. Yes 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Hypertensive cardiovascular disease. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? NO. 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Dov. Year 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.) While Not while o m of work at work p. m. 21. 1 certify that I took charge of the remains described above, held an Autopsy , Inspection XI, Inquiry XI and in my opinion death resulted from: Natural causes XI, Accident II, Suicide II, Homicide II, Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER John T. Maloney, M.D. March 1. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, of county) (Stote) ca Va 23. FUNERAL DIRECTOR'S SIGNATURE Balto. Gury 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

ATOMICAL HUASH SCHEMENASKERATE ERADUM HIARORO JULIEN SCHEMENS CHEMEN OF DEATH

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## TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 funeral director, uld be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld delached far use as the burial: transit permit. Then please remove carban papers. Pages 1 and the registrar part to burial, crematian, ar remaval, and in any event within 72 have safter death. VS A15 (4) 1SM 10/57

	MARYL	AND	STATE DEPAR	TMENT OF	HEALTH	-BALTIN	ORE, 18	3	
	364	9	CERTIFI	CATE OF	DEATH	l		Reg. Dist. No	3625
1. PLACE OF DEATH o. COUNTYPrin	ce Georges	3	MARYLAI		Mary	ere deceased lived		Residence befo	
b. CITY OR TOWN (III RURAL and give ne Riverdale	f outside corporate limit earest town) Md.	ts, write	c. LENGTH OF STAY IN 7 years	1b c. CITY (	River	utside corporote l	mits, write RUI	RAL and give nec	arest fown)
	AL (If not in hospital, g	ive street	St	d. STREE	T ADDRESS	8 Nicho	lson S		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	GEO!		Middle WESLEY	ASHBY	tost C <sub>L</sub>	4. DATE OF DEATH	Marc.		Yeor 58.
5. SEX male	6. COLOR OR RACE white	7. MARR	NEVER MARRIED			9. Ac los		F UNDER 1 YEAR Months Doys	IF UNDER 24 HRS. Hours Min.
Nor	ing life, even if refired)	ione 10b.	KIND OF BUSINESS OR II	Ma	aryland		)		F WHAT COUNTR
13. FATHER'S NAME	Frank Ashb	У			Lewelle	<sub>n Benso</sub>	n		
IS. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of se NO	CES? 16.		Mary E.	Marsha	11 F	Addres	ile, Mar	cyland.
PART I. DEA' 58/.0 Conditions, if or	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO ny, which )		the for (o), (b), and (c).]	netes	# h	vel			ERVAL BETWEEN SET AND DEATH  My
gove rise to in couse (o), stoting t lying couse last.				V					
ICATE		DITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMIN	NAL DISEASE CON	IDITION GIVEN	N IN PART 1(o) 1	9. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL EXAMINER)		CRIBE HOW INJURY OCCU	JRRED. (Enter natu	e of injury in P	art 1 ar Part 11 of	item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yeo	While at work	Not while	e. PLACE OF INJUI foctory, street, o	lY (Home, farm, lfice bldg., etc.)	20f. (City or to	wn)	(County)	(Stote)
21. I certify the clive on	or I attended the	195	B, and that de		at 49		causes and	d on the dot	the decease te stated above DATE SIGNI
220 BURIAL, CREMATION REMOVAL (Specify) Burial	3/20/58	F	22c. NAME OF CEMETER		′	22d. LOCATION	City, town, or	county)	(State)
73. FUNERAL DIRECTOR'S	asch's Son	as H	ADDRESS yattsville,	Md.		BY REGISTRAR AR 1 9 '58	24b REGISTI	PAR'S SIGNATUR	lŧ.

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-111	365	10	CERTIFI	CA	TE OF DEAT	Н		Reg. Di	st. No.	36	26
1. PLACE OF DEATH	Prince Georg	es	MARYLAN	- 11	2. USUAL RESIDENCE (W o. STATE Maryl	The second	b. COUNTY		nce before	e admiss	
	V (If autside carparate lim		c. LENGTH OF STAY IN T	lb	c. CITY OR TOWN (If	outside corpo					
OR INSTITUTIO			oddress) al Hospital		d. STREET ADDRESS	Cresee	nt Road				IDENCE FARM?
3. NAME OF DECEASED (Type or print)		int Lby	Middle Girl		Backstrom	4. DATE OF DEATH	Mon Mar		Day 26		Year 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED Z		DATE OF BIRTH  26 March 58		9. AGE (In years lost birthday) yrs.	Months	Poys	Hours Hours	R 24 HRS. Min.
10a. USUAL OCCUPA	ATION (Give kind of work varking life, even if retired	done 10b. d)	KIND OF BUSINESS OR IN	VDUST	RY 11. BIRTHPLACE (Store Maryl and	e or foreign c	ountry)	12. CI	TIZEN OI	F WHAT	COUNTRY?
13. FATHER'S NAME Vernon	A Backstrom	1			14. MOTHER'S MAIDEN Geraldin	E. Lor	rry				
15. WAS DECEASED (Yes. no. or unknown)	If yes, give wor or dates of	RCES? 16.	SOCIAL SECURITY NO. 1	7. INI	Hospita	l reco	ord Ch	ever]	ly,	Md.	
761.0 Conditions, i	Conditions, if ony, which gove rise to immediate couse (a), stating the under-								ONSI	RVAL BEET AND	TWEEN
CATI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO										
20c. TIME OF IN. Hour o. I	n.	While of wor	Not while	focto	ory, street, office bldg., etc.	c.)	or town)	(1	County)		(Slote)
21. I certify alive an	that I attended the 3/2 6/58	deceas , 19	ed fram. 3/2	ath a	7 10		n the causes a reet, city or town.	nd an t		e state	
PHYSICIAN'S THE NAME (Type)	THOMAS.	-A.	CHRISTER	150	M.						
BURNAL (SPECE BUNDAL)	17 3-28-	58	Tring ton h	This	nalemeter	arli	MOON CON		V	(Stot	
F. J. O.	or's signature Son	<u>a</u>	Hypotherell	le,	MO DATE	R31 '58	RAR 245. REĞIS	JRAR'S SI	CHATURE		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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2	3651 CE	RTIFICA	TE OF DEATH		Rea. Dist. No	03627		
Ī	Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	deceased lived. If institu b. COUNT		are admission)		
	b. CITY OR TOWN (If autside carporate limits, write   c. LENGTH OF	F STAY IN 16	c. CITY OR TOWN (If outs	ide carparate limits, write	RURAL and give ne	corest town)		
粉	RURAL and give nearest town)  Cheverly  1 hr.	5 min.	4/ Laurel					
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE		
77	Prince Georges General		517 Prince Ge	orges Street		ON A FARM? YES NO THE		
3		Middle		. DATE Mo	nth Di	10		
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED B.	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
	Female White WIDOWED [] DI	IVORCED [	6-6-23	last birthday) 34 yrs	Manths Days	Hours Min.		
	On. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSIN Human and of working life, even if retired)  Own H	NESS OR INDUST	Marylar	fareign country)		DE WHAT COUNTRY		
I	3. FATHER'S NAME Samuel Howes		14. MOTHER'S MAIDEN NAM	Howes				
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? Ye Not unknown)   If yes, give wor or dates of service)   578-20-	17 NO. 17. INF	Carlton w.			cince Go		
7	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.		Veumonif			15dAy3		
0								
1030	OR CONTRIBUTING CAUSE OF DEATH	JURY OCCURRED.	(Enter nature of injury in Par	t I ar Part II of item 18.)				
SACOLO	Coc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRING Hour a.m.  19 at wark at wark		E OF INJURY (Home, farm, ry, street, affice bldg., etc.)	20f. (City ar tawn)	(County)	(State)		
		that death of	251	M, fram the causes  DRESS (Street, city or town  3 Penny 5	and on the do	aw the decease ite stated abave DATE SIGNE		
/	PHYSICIAN'S NORMAN DONAT  PHYSICIAN'S NORMAN DONAT  20. BURIAL CREMATION, 22b. DATE THEREOF 122c NAME O	-/ 8m	OAU MT	RAINIER	ML			
	DEMOVAL (Specify)		Cemetery	d. LOCATION (City, town, Washington Y REGISTRAR 246, REG				
\$ C	Koy ho Barber Layton	sville,	Md. DATE	(1 / 30   000	The Lo-			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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### FOR STATE HEALTH DEPT Poge

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	2002					Reg. Dist	. No.		
1. PLACE OF DEATH o. COUNTY	Prince Georg	e's MARYLAI		ENCE (Where deced			e George s		
b. CITY OR TOWN ond give negrest to	(If autide corporate limits, write RU	c. LENGTH OF STAY IN D. O. A.		WN (If outside con gers Hei		e RURAL and g	give nearest lown)		
		ot in hospital, give street address) eneral Hospital	d. STREET ADD	RESS 3 Hamilt	on Stree	t	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Richar	Middle Lee	Bond	4. DATE OF DEATH	March	th 7,	Day Year		
5. SEX Male	7179 9 4	MARRIED NEVER MARRIED DIVORCED	1	1900	9. AGE (In years last 5/8 yrs.				
10a. USUAL OCCUPAT during most of work Salesman	ring life, even if refired)	Furniture	Virg		country)		N OF WHAT COUNTR		
13. FATHER'S NAME	Charles Bo	nd	14. MOTHER'S MA Minn	eota Whi	te				
15. WAS DECEASED E (Yes, no. or unknown) Yes	VER IN U. S. ARMED FORCE	578-22-8029	Walter R.	Money			6th Ave.		
gave rise to imm (a), stating the cause last.	Conditions, if any, which gove rise to immediate couse (a), stating the underlying DUE TO cause last.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?								
PART II, O'  200. EXTERNAL CAUSE OF DEATH	AUSE WAS ONTRIBUTING ()	DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury	y in Port I or Part II	of item 18.)		YES   NOTOR		
20c. TIME OF INJI Hour o. m p. m		20d. INJURY OCCURRED 20e. While Not while of work at work	PLACE OF INJURY (Hon factory, street, affice blo	ne, farm. 20f. (Cil	y or tawn)	(Cauni	y) (Stote)		
		the remains described of the local courses M. Accident	nt [], Suicide [			, Inquiry	Marine .		
EXAMINER'S NAME (Type)		aloney, M.D.	DEPUTY ME	MEDICAL EXAMINER		h 7, 19	958		
Burial (Specif	3/11/58	Arlington	Nat'l Cer	n. Arl	ington,	Virg			
The S.H.	Hines Co.29		la!	o. REC'D BY REGIST ATE MAR 1 0	'58 PEGI	ISTRAR'S SIGN	1		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for graded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL L. TOR: Page 3 should be used as a buriot-transit permit. File pages 2 and 2 with the State B. Tof Health, or its designated agent, prior to buriot, cremation, or removal, and in any event/within 72 hours after death. VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE b. COUNTY	efare admission)
Prince Georges	7	Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
Cheverly 2 days	X Sharpox Laborate Chanel Oaks	
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Prince Georges General Hospital	51.13 Nach Street	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Carleton Humphrey		25 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AR IF UNDER 24 HRS.
Male Black WIDOWED DIVORCED	23 Mar 1958   lost birthdoy) Months Day	ys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	N OF WHAT COUNTRY
during most of working life, even if retired)	Maryland	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George Henry Brown	Mary Veronica Hall	
	INFORMANT Address	
(Yes, no, or unknown) (If yes, give war or dates of service)		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	t r	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		DISET AND DEATH
IMMEDIATE CAUSE (0) Celvarage facely	narry Entelplus	
762.5 DUE TO	1	
Conditions, if ony, which ) (b) Prematurate (1)	Per (20)	
gove rise to immediate DUE TO	0'	
couse (o), stoting the <u>under-</u> lying couse lost.		
(0)	T NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN BART 14	1 10 WAS ALITOPSY
OF FAR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN FART 110	PERFORMED?
<u>V</u>		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT  20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port 1 or Port 11 of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	LACE OF INJURY (Home, form, 20f. (City or town) (Coun	nty) (Stote)
Hour o. m. While Not while	actory, street, office bldg., etc.)	,,
p. m. 19 of work at work		
21. I certify that I attended the deceased from 3/13	, 195%, to 3/25, 195%, that I last	saw the deceased
	occurred at 6,45AM, from the causes and an the	
	ADDRESS (Street, city or town, stote)	DATE SIGNE
SIGNATURE Shorage A. Christensen	.M.D	
PHYSICIAN'S NAME (Type) Thomas A. Christensen,	M. D. College Park, Md.	
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
r emandion 4/15/58 Prince George	's General Hospital Cheverly, Md	
23 ELINEDA DIDECTORIS SIGNATURE	DATE OF CITY OF STATE	

VS A15 (4) 1SM 10/57



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## FOR STATE

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VS. A15ME 5M 2/57

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be someored to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL I GTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B to 9 Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

HEALTH DEPT.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 365/EDICAL EXAMINER'S CERTIFICATE OF DEATH

03633

Reg. Dist. No.

	b. CITY OR TOWN [If outside corporate limits, write RURAL end give nearest town]  Cheverly  D.O.A.					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Pr. Geo.						
b.						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bladensburg						
-			(If not in hospital, give street oddress)			d. STREET ADDI	nilworth	Avenue				A FARM?
DI	AME OF ECEASED ype or print)	Raymond First	E	Middle Br	own	Losi	4. DATE OF DEATH	Marc		28		9 58
5. SE	ale	6. COLOR OR RACE 7	MARRIED X	NEVER MARRIE		ATE OF BIRTH		9. AGE (In years last birthday)	Months	R I YEAR Doys	Hours Hours	ER 24 HRS. Min.
du	USUAL OCCUPATION IN 19 MORE WATER	ON (Give kind of work doing life, even if retired)			MUSTRY	34 9		country)		S.A		COUNTRY
13. F	FATHER'S NAME Raymond	Brown			1	4. MOTHER'S MAI	Unknown					
		ER IN U. S. ARMED FORC		AL SECURITY NO		ormant les Edwar	d Brown;	Address				
	Conditions, if or gave rise to immed (o), stating the couse lost.	diote cause	TIONS CONTRI	Cs	rdiov	ongestiv	renal di	.sease	VEN IN PA	RT 1(o)	19. WAS PERFO	AUTOPSY PRMED?
g												
	ACTUAL SIGNATURE	not I took charge of resulted from: No Malor ohn T. Malor	of the remo	es M. Acci	ident [	, Suicide [ M.D. CHIEF MEDI ASSISTANT	_ no-	] Ma:	ermined	monn	er 🗌	ed in my
6	BURIAL, CREMATIO REMOVAL (Specify)	14-5-5	8 200.	WOOD ADDRESS	TERY OR C	V4 N	D. REC'D BY REGIS	ATION (City, town, ATION (City,	or county  GT  STRAR'S:	DA	RE (Stot	۲,

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	FUNERAL DIRECTOR. Asperticulations are supported by the attending physician and campletely filled in by the funeral director, age 3 should detached for use as the build-ransi permit. Then please remove carbon papers. Pages 1 and bould be filled with an eregistrar part to burial, cremation, or removal, and in any event within 72 hours after death.	
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VS 1SA	A15	(4) S5

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1.	PLACE OF DEATH o. COUNTY Prince Georges		ARYLAND	O STATE	ence (Where		lived. If instituti b. COUNTY	on Residence	before odmis	sion)
]	b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town) Hyattsville		TAY IN 16		OWN (If aut		ate limits, write R	URAL and giv	ve nearest tow	n)
	d. NAME OF HOSPITAL (If not in hospitol, give 25 Madison Street	street oddress)		d. STREET AD	DDRESS		treet		ON	SIDENCE A FARM? NO TX
3.	NAME OF First DECEASED (Type or print) SUSAN	HERBER	ddle T	BUDD		4. DATE OF DEATH	March		Doy	Year 19 58
	Female 6. COLOR OR RACE 7. WI		ARRIED	B. DATE OF BIRTH	4		9. AGE (In years lost birthday) 93 yrs.		YEAR IF UND	ER 24 HRS. Min.
1	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	At home		Cleme			Mary Co	_	IEN OF WHA	T COUNTRY?
3.	FATHER'S NAME			14. MOTHER'S						J. W.M.
_	John C. Herbert				E. A	lvey				
	WAS DECEASED EVER IN U. S. ARMED FORCES  1. no. or unknown)  No  (If yes, give wer or dates of service  None			Gabrie	lla	B.Ga:	rdiner,		Madi	son S
70	Conditions, if ony, which gave rise to immediate couse (a), stoting the under-lying cause lost.  PART II. OTHER SIGNIFICANT CONDITI	arterios Genera Ons CONTRIBUTING TO	elero lized	tic He Late	liou THE TERMIN		CONDITION GIV	/FN IN PART	1(a) 19 WAS	AUTOPSY
FICATION	20a. ACCIDENT WAS UNDERLYING   20b	D. DESCRIBE HOW INJUR	OCCUPPED	(Fater nature of	iniury in Pa	et Lor Port	II of item 18 )			DRMED?
CERTIFI	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	or describe flow major	() OCCORRED	. (Liner horore or	injory in ro	.,	11 07 114111 10.7			
MEDICAL	Hour o. m.	20d. INJURY OCCURRED While Nat while at work at work	20e. PLA fac	CE OF INJURY (H tory, street, office	lome, farm, bldg., etc.)	20f. (City	or tawn)	(Co	unty)	(State)
	21. I certify that I attended the de olive on 317.  ACTUAL SIGNATURE TILL BERGEME NAME (Type) Till Bergeme	19 <u>58</u> , and t	hat death	n.D. 4314  Hyatt	Gall	atin	the couses of the couse of the couses of the couse of the co	and an the	D	ed above. ATE SIGNED
	Burial, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 3/20/1958	22c. NAME OF 6		CREMATORY Church	~		on (City, town, ganza,	or county) St.Ma	ry is	co.Mc
	FUNERAL DIRECTOR'S SIGNATURE N.W.Chambers Compar	ny, Riverd	lale,	Md.	24a. REC'D		SAR 245 REGI	STRAR'S SIGN	1	

BUREAU V.

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Conditions, if ony, which gove rise to immediate

couse (a), stoting the under-

Hour o. m

DUE TO

Doy, Year

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

>	3712 CERTIFICAT	TE OF DEATH Reg.	. Dist. No. ()363!
)	1. PLACE OF DEATH o. COUNTY Prince George MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution, Res o. STATE     b. COUNTY     C	idence before admission)
	b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16 RURAL and give nearest town)  RURAL 3  3  3  3  4	c. CITY OR TOWN (If outside corporate limits, write RURAL of Lanna Anna	and give nearest town)  Rusel
	d. NAME OF HOSPITAL (If not in haspitol, give street oddress) OR INSTITUTION	8912 Fairrie are	o. IS RESIDENCE ON A FARM? YES NO 2
	3. NAME OF DECEASED (Type or print) Henry Dabney	Camp 4. DATE Month OF DEATH Nerch	Doy Year 19 5 2
	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.  NOTE 1000 WIDOWED DIVORCED 1	DATE OF BIRTH  A Aven 8 190   9. AGE (In years list birthday)  Mont	IDER 1 YEAR IF UNDER 24 HRS. This Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  D.C. GOUT	RY 11. BIRTHPLACE (Stote or foreign country) 12.	CITIZEN OF WHAT COUNTR
)	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  Jamie  Ca	emp
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL/SECURITY NO. 17. INF	Mary E. Camp Address L	anham, h
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (o)	Vascular Acciden	INTERVAL BETWEEN ONSET AND DEATH
	33/X DUE TO 4- /		

lying couse lost. CERTIFICATION ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 1 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form,

at work at work 1921, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 3:15 P.M. from the causes and an the date stated above. alive on

factory, street, office bldg., etc.)

ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION. 22b. DATE THEREOF 22d\_ LOCATION, (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

Not while

(Stote)

(Stote)

(County)

20f. (City or town)

ADDRESS 240. REC'D BY REGISTRAR A4b. REGISTRAR'S SIGNATURE MAR 2 0 '58 DATE

VS A15 (4) 15M 9/55

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West of the state			
art formula I untrattina i 15	er a di	IUA	AN III
an Tokan G. Fall Villia F. I.C.	or of	both bestings	AN THAN
art fraktische Frank rettpach ist.	of Allegado		SET A SE

et.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03636 CERTIFICATE OF DEATH Reg. Dist. No. I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY MARYLAND unercl CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) PIN d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENC 10 ON A FARM? (0) YES NO D C NAME OF Middle DATE Year ed DECEASED OF (Type or print) DEATH 19 5 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours WIDOWED | DIVORCED T 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 40454 carbon 13. FATHER'S NAME physician remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAL 5 an 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 4 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) EBRAL DUE TO mit. Conditions, if any, which ) gove rise to immediate ě DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) a. ft. foctory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased from 6. that I last saw the deceased and that death accurred at Ge M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL shoul PHYSICIAN'S 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/55 DATE

PRINCE GEORGE'S ExON HILL MARYLAND CXCHHILL NY. 3620 - BUCKROAL KE SEPT2-1895 62 FRANKLE Wh. TE POMOSTIC YEST VOL Househipe GRANVILLE S. BUTCHER MOdORE NICELY Kaymond H.J. (Emsbell Sent " EUREAU V. S. 8361 81 AAM 3 MISTORIAN ECETIALE hash for to Bonnel Mack 20:58 - Intobret Sommeria Blea 1661-01 Hope Set 32 3 4 50 5 5 5 5 E

# funeral director, uld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registrar prest to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3657 CERTIFICATE OF DEATH

03637

			140 8 . 0 . 12	1110.
1. PLACE OF DEATH  a. CUNTY  Pr. Geurge County  MARYLAN	n STATE #		If institutions Residence COUNTY	e befare admission)
b. CITY OR TOWN (If outside carporate limity, write RURAL and give negrest town)  13 deputs	- 4 1		nits, write RURAL on	ive nearest town)
d. NAME OF HOSPITAL (If not in haspitol, give street oddress) OR INSTITUTION  LE and Memoria Hospital	d. STREET ADDRES	noll brook	Dr.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Sqrah Frances Cash	Last	4. DATE OF DEATH	3 - /	Day Year 6 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED	es un éc	99 9. AG last	I I I I I I I I I I I I I I I I I I I	YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)  None  None	IDUSTRY 11. BIRTHPLACE (S	1		ZEN OF WHAT COUNTRY
John Wesley Bearle	14. MOTHER'S MAID	E KINK	- 1	
	7. INFORMANT	OSC	Address	19x7TSVIII
NO	Koy E	ASON	6511 K	NO 1/ BROOK
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	come a	blad	der	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the under-	turist	iones		1 mie
lying cause last. (c) All Oliver	neg	ra		1196
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	MOT NOT RELATED TO THE TI	ERMINAL DISEASE CON	DITION GIVEN IN PART	1(a) S. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injur)	y in Part I or Port II af i	tem 1B.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e While Nat while of work of wark	PLACE OF INJURY (Hame, factory, street, office bldg.		rn) (Co	aunty) (State)
21. I certify that I attended the deceased from MAN	3 , 1958, to ath accurred at 3	men 16		ast saw the decease
211/Mill	ain accurred at 1	ADDRESS (Street, of		DATE SIGNE
PHYSICIAN'S NAME (Type) L. W. Malin M.	M.D.	m · qc	62	2
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER			City, town, ar county)	(State)
	Gardens		ton, Virg	
73. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash	. D. C. 24a.	REC'D BY REGISTRAR	24b. REGISTRAR'S SIGI	NATURE

CERTIFICATE OF DEATH

BUREAU V. S.

STEE TE TEE

THE PERSON NAMED IN

A LOUIS AND THE SECOND

## FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office olong with form PM3. Page 5 may be retained by your files.

TO FUNERAL LEGIOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State by a of Health, ar its designs 5 agent, priar to burial, cremation, ar removal, and in any event-within 72 haurs offer death.

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3658MEDICAL EXAMINER'S CERTIFICATE OF DEATH Real Dist No.

03638

	1. PLACE OF DEATH  O. COUNTY TO ALLE O GO AT GOS MAR	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence-before admission)  o. STATE  b. COUNTY  ALLCA CCARE  OR THE COUNTY  ALLCA CCARE  OR THE COUNTY  OR THE
A	b. CITY OR TOWN (th outside corporate limits, write tural citeNGTH OF STATe and give negrest town)	Y IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares lawn)
	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addr.	ess) d. STREET ADDRESS NO. 1 A FARM?
	3. NAME OF DECEASED (Type or print)  5. SEX   D. COLOR OR RACE   7. MARRIED   NEVER MARRIED	A. DATE OF BIRTH  1. DATE OF B
	Trile Like WIDOWED DIVORCED	lost bigthday) Months Days Haurs Min.
1		and Virginia L. J. a.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?    Yes, TS   Washown     (If yes, give war or dates of service)     W • W • I •	Mrs.Eloise L. Chilton- Brandywine, Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ULE TO  Conditions, if any, which (b)  gove rise to immediate cause (a), stating the underlying couse lost.  (c)	rang thrombosis interval between onset and death
2	CATO	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES NO
		URRED. (Enter nature of injury in Part I or Part II at item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of wark	20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) (City or town) (County) (Stole)
	21. I certify that I took charge of the remains describe opinion death resulted from: Natural couses ACC	ed above, held an Autopsy . Inspection . Inquiry and in my sident . Suicide . Hamicide . Undetermined manner .  DATE SIGNED
2	EXAMINER'S NAME (Type) NM S I BOV	ASSISTANT MEDICAL EXAMINER D  3-5-58
	BUNGAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CAME	on National Ft. Myer, Virginia
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Ritchie Bros. Upper Marlboro,	Md. DATEMAR 1 2 '58 POR ALLE

hit conication toggt and indicating

BUREAU V. R.

8261 SI 9AM



		365	9	CERTIFIC	ATE OF DEATH	1		Reg. Di	st. No.	036	139
o. COUN	TV	nce Geor	ges	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryla		d lived. If institution b. COUNTY	n: Residen	ice befo		ion)
RURAL	ond give ne	Foutside corporate limi arest tawn) T	ts, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		rote limits, write RI	URAL and			
d. NAME rinc	STITUTION	AL (If not in hospitol, gorges Gen			d. STREET ADDRESS 350756th	Stre	et				FARM?
NAME O DECEASE (Type or	D	RUSSELL	st	WILLIAM	CLAY	4. DATE OF DEATH	March	** 31s	t,	,	Yeor 19 58
. sex Mal	е	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED   DIVORCED	8. DATE OF BIRTH Aug. 29th, 18	392	9. AGE (In years lost birthdoy) 65 yrs.	Months	1 YEAR Days	Hours	R 24 HRS Min.
during i	most at work	N (Give kind of work of ing life, even if retired)	Rail	of Business or India.way Expres	ISTRY 11. BIRTHPLACE (Stole Monrovia				USA		COUNTR
Harr		ay			14. MOTHER'S MAIDEN N						
Yes, no, or uni		R IN U. S. ARMED FOR If yes, give wor or doles of so None	ervice)		informant elen P. Clay	735	Addr 0756t		• Ch	eve	clv.
	PART I. DEAT	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1.	r (o), (b), and (c).]	lend Farl				INTE	RVAL BE	TWEEN
	3 X										
Condi gave	tions, if on rise to im	nmediote (	Hya	restensive o	Arteriores.	erle	Heart	Due	-		
Condi gave cause ( lying c	tions, if on rise to im (o), stoting to ouse lost.	y, which (b) (b) DUE TO	DITIONS CONT		Hoferosc (					PERFO	RMED?
Condigave cause (lying of lying of lyin	tions, if on rise to im to), storing to ouse lost.  PART II. OTH	y, which (b) (b) DUE TO		RIBUTING TO DEATH BU		NAL DISEASI	E CONDITION GIV			PERFO	AUTOPSY RMED? NO

PHYSICIAN'S DAVID Leval 221

220. BURIAL CREMATION, REMOVAL (Specify) Burial 226. Date Thereof Cedar Hill Cemetery Suitland Rd. Pr. Geo. Co. Md.

23. FUNERAL DIRECTOR'S SIGNATURE
W.W.Chambers Company, Riverdale, Md.

240. REC'D BY REGISTRAR 245. REGIS

246. REGISTRAR'S SIGNATURE

Section with a section of the sectio of the foliation of the latest and the second of the latest and th . St. All Carriers tubracy, for his fu-vord--yalo a.f. myladu yamanyati bar a 8561 4 8dY and a second second constant in the management

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If ony delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item. 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be revarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL I CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State is a different or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

VS. A15ME 5M 2/57 of

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3560

03640

Reg. Dist. No.

1.	o. COUNTY		a CTAYE and	Where deceased lived. If instill	viion: Residence be	
-	Prince Georges	MARYLAND	riett y.			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cheverly	D.O.A.	C. CITY OR TOWN (I	f outside corporate limits, write rden	RURAL and give i	nearest lown)
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Prince Georges Genera	l Hospital	Fulton	and Reed Street	ets	YES NO
3.	NAME OF First DECEASED	Middle	Lost	4. DATE Mont	h Doy	Year
	(Type or print) William Columbus			DEATH March		1958
5.		RRIED NEVER MARRIED B	July 8. 193	9. AGE (in years lost birthday) 10 17 yrs.	Months Doys	Hours Min.
10	On. SUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUST		or foreign country)	12. CITIZEN C	F WHAT COUNTRY?
/13	aborer	Wash. Sub. Sanit	arv S	S. Carolina	U.S	.A.
	3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	Unknown		Sally	Bovd		
1:		16. SOCIAL SECURITY NO. 17. IP	FORMANT	Address		
L		B	comlae Clay	born; same addi	ress	
	18. CAUSE OF DEATH [Enter only one couse per I				INTE	RYAL BETWEEN ET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Hemorrhage a	and shock		0.13	ET AND DEATH
	981x DUE TO					
	Conditions, if ony, which (b)	Shotgun wour	d of abdomer	and chest		
L	gove rise to immediate cause (a), stating the underlying DUE TO					
L	couse fast. (c)					
2	PART II, OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED?
13						YES NO
CEPTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 1	RIBE HOW INJURY OCCURRED. (E	nter nature of injury in Par	t I or Port (1 of item 18.)		
		not by wife with	16 gauge she	otgun		
OICA1	20c. TIME OF INJURY Month, Day, Year 20		E OF INJURY (Home, form	n, 20f. (Cily or town)	(County)	(State)
MEDI	8. 15 p.m. 3-15 1958 of	/hile Not while tocto	Home	Glen Arden	Pr. Geo	Md.
	21. I certify that I took charge of th	e remains described abo				
1	opinion death resulted from: Noture	ol causes , Accident [	, Suicide .	Homicide A, Undete	ermined monn	er 🗍
1	0/-	1				
	SIGNATURE SOME OF STATE	alones	M.D. CHIEF MEDICAL E	XAMINER		DATE SIGNED
			ASSISTANT MEDIC	AL EXAMINER		
	NAME (Type) John T. Malone	M.D.	DEPUTY MEDICAL	EXAMINER Marc	h 16, 195	8
22	REMOVAL (Specify) 22b. DATE THEREOF 3-22-1957	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town,	or county)	(State)
23	B. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC	D BY REGISTRAR ATAB. REGI	STRAR'S SIGNATU	RE
1	Jenny & Washington	Sons 467 Noi	MAN DATE	2 4 '58	educk	
Jan.						

MARYLAND STATE DEPARTMENT OF HEALTH -- ILLINGORE

MARYLAND, STATE DEPARTMENT OF HEALTH OF DEATH

ord will bust tand nation Disorder Indiadokiltanek engopu endir With Reb. Boots ty Lingto di Godji (drodni 19 sadimen) tayno has attacked to the committees consods over al distribution of Joseph BUREAU V. E.



TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should letached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer death.

VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

03641 Reg. Dist. No.

			366	1 CERT	IFIC.	ATE O	F DEATH	1		Reg. D	Dist. No		が発見
1.	PLACE OF DEATH o. COUNTY					2. USUAL	RESIDENCE (Who	ere deceas	ed lived. If instituti	an: Reside	ence befo	ore admi:	ssion)
	Pr	ince George	9	MAR	YLAND	0. 310	M.	d	b. COUNTY		PG		
	b. CITY OR TOWN (	If autside carparate lim		c. LENGTH OF STAY	IN 16	c. CIT		-	orate limits, write R	URAL and	give ne	arest tow	n)
	Cheverly			lo Da	776	1							
_	d. NAME OF HOSPI	TAL (If not in hospital, g	rive street	oddress)	YS	Ad STR	Seat Pl	easan	E, Ma			a IS DE	SIDENCE
	OR INSTITUTION					/ 5.5	4 41	1				ON	A FARM?
_		orge Genera		spital			611-64		8.			AE2	] NOCE
3.	NAME OF DECEASED (Type or print)	Fi	Vorna	Middle	•	H. C	onnelly	4. DATE OF DEATH	Mon Ma	arch	9	зу	Yeor 19 58
5.	SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARR	IED 🗍	B. DATE OF			9. AGE (In years		RIYEAR	IF UND	ER 24 HRS.
	Female	white	WIDOWI			Nov 9	, 1871		last birthday) 86 yrs.	Months	Doys	Hours	Min.
100	. USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINESS O	OR INDL	JSTRY 11. BI	RTHPLACE (State	or foreign o		12. C	ITIZEN C	DF WHA	T COUNTRY
	during most of wor	king life, even if retired ISEWITE		self				York		U			
13.	FATHER'S NAME						HER'S MAIDEN N						Sub-
	J	ames Monal	nan			Mai	ry Owens	5					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	). 17.	INFORMANT			Add	ress			
[10	rs. no. or unknown)	(If yes, give wor or dates of s		one	H	elen I	Dempsey	Se	at Pleas	ant,	Md.		
_	IR CAUSE OF DEA	ATH [Enter only one co	use per lis	se for (a) (b) and (c)	1	-	0				LINE	ERVAL B	ETVA/E EN L
		ATH WAS CAUSED BY:	rose per in	Pulu	dia 1	1 111	Sole	ua					DEATH
	420.1	IMMEDIATE CAUSE (c		17000	000	wy					6	, el	491
	Conditions, if a	ny, which ) (E	a	rteriosc	ler	otil	Heart	2	sease	2	2	Teo	Fal.
	gave rise to i couse (a), stating lying cause tast.	mmediate (	-	astro-	Lit	estu	-ol f	Ree	ding		V	60	eng
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	IDITION'S C	CONTRIBUTING TO DE	ATH BU	T NOT RELAT	ED TO THE TERMIN	NAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY DRMED?
CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRI	ED. (Enter not	ure of injury in P	art I or Po	rt II of item 18.)				
AL	20c. TIME OF INJUR		or 20d It	NJURY OCCURRED	20e PI	LACE OF INI	URY (Home, form,	206 (Cit	y or town)		(County)		(Ca=4-1)
MEDICAL	Hour a.m.	19	While	Nat while	fo	octory, street,	office bldg., etc.	) ;	y or rown,		(County)		(State)
₹	p. m.	IY	at war	at work	, ,			1		,			
	21. I certify th	at I attended the	deceas	ed fram 3	14	, 19	58 , to	3/9	1958	,that I	last se	aw the	decease
	alive an	3/9	195	8 and that	death	h accurred	ot 10:15	PM. fra	m the causes a	ind an	the da	te stat	ed abay
	1 7,	1 11	11	<i>p</i>					treet, city or town,				ATE SIGNE
	ACTUAL SIGNATURE	rex vu-	THE	2500		и в							
	SIGNATURE		BILL	0		M.D							
	PHYSICIAN'S NAME (Type)			DR. HERZ	BE	RY			· · · · · · · · · · · · · · · · · · ·				
220	BURIAL, CREMATIO	N, 226. DATE THEREC	)F	22c. NAME OF CEM	ETERY C	OR CREMATO	RY	22d. LOCA	TION (City, town,	or county)		(Sto	te)
a	REMOVAL (Specify)	ion 3/14/5	8	Watki	ins	Glen			New 1				12.5
-	FUNERAL DIRECTOR			ADDRESS			24g, REC'D	BY REGIS	TRAR 24b. REGIS	STRAR'S S	IGNATU	RE/3	
			- S	77 4 4		2 . 47 -		MAR 1 1	'58 00	21	£ 1 1 0	1	
		F. Gasch'	5 ~01	is Hyatts	SVII	Te Md	DATE			- IL	auc	N	

CERTIFICATE OF DEATH

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BUREAU V. E.

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VS A15 (4) 15M 10/57

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Items 8 8	2 9, Film	O-O-G	4/30/50 cac	CAIE OF L	<b>JEATH</b>			Reg. Dist	. No.	
o. COUNTY Prince	leorge		MARYLANI	O STATE		ere deceased	lived. If institut b. COUNTY	on: Residence	Ge or ge	ission)
	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 1	-		itside corpore	ote limits, write I	URAL ond giv	ve nearest to	wn)
Cheverly	7		5 days	Laurel	4					
OR INSTITUTION	TAL (If not in hospitol, google General		oddress)	d. STREET A	- 1	g Road	1		ON	ESIDENCE A FARM?
B. NAME OF DECEASED (Type or print)	Fi Tsa	ac	Middle	Crawley	-	4. DATE OF DEATH	/ Moi	nth	Day	Yeor 1958
S. SEX	6. COLOR OR RACE	T	RIED MEVER MARRIED		Н	19	9. AGE (In years	IF UNDER 1	YEAR IF UN	
Male	Colored	WIDOW		2-15-	-02		Jast bighday) yrs.		Days Hour	s Min.
Handyman		done 10b.	KIND OF BUSINESS OR IN				o., Va		S.	AT COUNTR
3. FATHER'S NAME Charles	Rice			14. MOTHER'S Emma						
S. WAS DECEASED EVI	ER IN U. S. ARMED FOI (If yes, give wor or dates of			lice Tib	bs	64	07 Koll	o St.	Ceda	r Hts
PART I. DE,  33/X  Conditions, if c gove rise to couse (o), stoting lying couse lost.	the under-	)	errhon	vnocul	~	reco	dent		ONSET AN	vk
PART II. OT  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	THER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH E	BUT NOT RELATED TO	) THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART	PERF	S AUTOPSY FORMED?
20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUP	RRED. (Enter nature o	f injury in Po	ort I or Part	II of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. II While of wor	Not while	PLACE OF INJURY (I factory, street, office	Home, farm, e bldg., etc.)	20f. (City	or town)	(Co	ounty)	(State)
21. I certify I	hat I attended the	deceas	ed from	. 19	, to		, 19	,that   la	ist saw the	e decease
actual signature PHYSICIAN'S NAME (Type)	ilius J	12.	and that dec		A	DDRESS (Str	the causes of th	stote)		DATE SIGN
20 BURIAL CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO	8	22c. NAME OF CEMETERY WOODLA	OR CREMATORY		22d. LOCATI	ON (City, town,	or county)	13	ote)
4. FUNERAL DIRECTOR	Vashingtor	1 + 80	M 467 N ST	t. 71. Le,	24a. REC'D	BY REGISTR	0	STRAR'S SIGN	NATURE	

BUREAU V. S.

8361 81 AAM

water

funeral director, uld be filed with

CERTIFICATE OF DEATH

Reg. Dist. No.

- /1			
	1. PLACE OF DEATH O. COUNTY & Secret MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residen o. STATE b. COUNTY from	- 1 H2
4	b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b RURAL and give nearest town) Correction Hells  Gyrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and of Carmodes Hells	
	d. NAME OF HOSPITAL Aff not in hospital, give street address) OR INSTITUTION TO Communication Hills Living	d. STREET ADDRESS 506 Carmooly Hills 400	e. IS RESIDENCE ON A FARM? YES NO DA
	3. NAME OF DECEASED (Type or print)	CROCKER 4. DATE Month OF DEATH ON OL	Day Year 2 7 1958
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  9. AGE (In years IF UNDER lost birthday)  Months  744 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)		IZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Barr	to-
		INFORMANT C. Bistelle Address 12 212	Holderidges.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (o)  DUE TO	clussin	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  (b) Coron avy af DUE TO (c) Essential H	y perfension	10 years
Ó	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING   CAUSE OF DEATH III FEITHER, NOTIFY MEDICAL EXAMINER	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
		D. (Enter nature of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to 19 work of work of work 19	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (C	ounty) (Stote)
	21. I certify that I attended the deceased from Sept 7, alive on 3-27-, 1952, and that death	n occurred at 3:50 RM, from the causes and on the ADDRESS (Street, city or town, stote)	ast saw the deceased at date stated above.  DATE SIGNED
,		M.D. 4400 BOWEN ROSE.	3/17/08
	PHYSICIAN'S ERNESTE CORNEWER	The state of the s	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OF TREMOVAL (Specify) 3-31-58 Harriew	Erreting Elmhurst	Denna
	23. FUNERAL DIRECTOR'S SIGNATURE W.W. Ehumbers & 66. Washington	DATE MAR 3 1 150 COLOR PAR	NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and the registrar part to burial, cremation, or removal, and in any event within 72 hours after death.

fige that the		CERTIFICA		
	Capital Special Street			A STATE STATE OF
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			W. THE	A Proposition of Lines
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			THE PERSON NAMED IN	
and other transfer of the state				Elifo Vilens I/IX
BUREAU V. S				
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		229800.4		

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

	3663	CERTIFICATE OF DEATH
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institu

0	COUNTY P	rince Geor	rge's	MARY	LAND	o. STATE		land	b. COU		rince		
t	RURAL and give ne	f autside carporate lime carest tawn) eorges Che	-	C. LENGTH OF STAY	IN 1b			utside corpo	rate limits, wri	te RURAL	and give ne	arest town	)
	OR INSTITUTION	AL (If not in hospital, orgets Get	give street o	address)	/	d. STREET AD		Dani					IDENCE FARM? NO 17
	NAME OF	Fi		Middle		Lost	clare	Road					
	Type or print)	Dona	ld	Julius J	Danie	lson		OF DEATH	Ma	Month	7,	1	9 58-
5. 5	male	6. COLOR OR RACE	7. MARRI	DIVORCE		March ]	18, ]	1912	9. AGE (In ye last birthdo	ors IF UN Man	oths Days	Hours Hours	R 24 HRS. Min.
	USUAL OCCUPATION during most of work	ing life, even if refired	N	Government			CE (State		ountry)	12	2. CITIZEN C	F WHAT	
13.	FATHER'S NAME					14. MOTHER'S M	MAIDEN N	IAME					
	F	rederick	Danie	lson		Unkno	own						
15. Yes		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. INFC	RMANT				Address			
		no	ar ricey		M	largare	t E I	Danie	lson	Green	nbelt,	Md.	
	18. CAUSE OF DEA	TH [Enter anly one co	ouse per lin	e far (a), (b), and (c).]				12	1 1		INT	ERVAL 8E	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	.1	17	na	y Ven		Sh	Ach		ONS	SET AND	DEATH
	260x	DUE TO		(3)		1		1					
	Canditions, if ar	ny, which )		Vic	abel	0- 17	200	ale	1-1				
	gave rise to in	mmediate (	-					C (-C-)					
	lying cause last.	the under-	1								0.00		
Z	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO T	HE TERM!	NAL DISEASI	E CONDITION	GIVEN IN	PART 1(a) 1	9. WAS A	UTOPSY
¥				(M)	1718	c /	Te,	5/1	10			PERFO	
CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OF	CCURRED. (	Enter nature of i	injurye in P	art I ar Part	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m.	Y Month, Day, Ye	ar 20d. IN While at wark	Nat while	20e. PLACE factor	OF INJURY (Ho y, street, affice b	ome, farm, bldg., etc.	20f. (City	or tawn)		(County)		(State)
	21. I certify th	at lightended the	decease	d from	26	1055	to	210	10	X the	at I last so	aw the	decense
	alive on	3/3	10 5	8 //	death or	curred at	735	AA From	n the cause				
	1		. /	A and mar	deam of	corred de		ADDRESS (St	reet, city or to	wn. state)	on the do		TE SIGNE
	ACTUAL SIGNATURE	eaust	Has	duce.	M.D	1/2	3 6	211	ep SI	1/20	/ 3	121	58
	PHYSICIAN'S NAME (Type)	The state of the s				(	va.	2-6/	25	_			
220.	BURIAL, CREMATION	N, 226. DATE THEREC	)F	22c. NAME OF CEME	TERY OR C	REMATORY		22d. LOCAT	TION (City, tow	n, ar cau	nty)	(State	)
	Burial	3/10/5	8	Cedar II	ill C	eme ter	у	Suit	land,	Md.		16.59	
23. 1	FUNERAL DIRECTOR'S	SSIGNATURE		ADDRESS		2	240. REC'E	BY REGIST	RAR 24b. R	EGISTRAR'	S SIGNATU	RE ·	
	F. Gas	ch's Sons	Нуа	ttsville,	Mary	rland.	DATE		100		ruch		
							63773		V	1 4			

. 20 . 25 0 75 0 0 0 - Die - Jabour et al 8391 OI 9AM

# FOR STATE HEALTH DEPT.

s necessory, please of director. Page of for your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is mexecute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should by forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for FUNERALY TOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State 8 or its designated agent, prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		3716								Reg.	Dist. No		0 111
	LACE OF DEATH	rince Georg	es	MARY	LAND	2. USUAL RESID	Mary		l lived. It institu b. COUNT		dence be		ission)
Ь	CITY OR TOWN (If and give nearest town)	outside corporate limits, writ	• RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	utside corpo	rote limits, write	RURAL O	nd give r	eorest to	wn)
	Lanha			3 yea	rs	X	Lanh	em					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  9008 Spring Avenue						d. STREET AD		Sprin	g Avenu	e		ON	RESIDENCE ON A FARM?
3. NAME OF First Middle DECEASED				avenport	4	DATE OF DEATH	March		30 Doy		9 58		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. I				DATE OF BIRTH	6-11-	31 9.	AGE (In years	IF UNDE	R TYEAR	IF UND	ER 74 HRS.		
M	ale	white	WIDOWED	DIVORCED [		6-11-31	6-11		26 yrs.	Months	Days	Hours	Min.
10o.	USUAL OCCUPATIO	N (Give kind of work plife, even if retired) retoucher	done 10b. K	IND OF BUSINESS OR	INDUSTR			r foreign cou	ntry)	12. CI			COUNTRY
13.	FATHER'S NAME	recoucher	1.	hotography		Mary.		ME			U.S.	A.	
		d Tilghman	Down	mont					lane.				
15.		R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT	rgini	a Wal	Ker Address				
		(If yes, give war or dates of	service)	78-10-4169	1	rard Dave					_ 11		
	PART I, DEAT	H [Enter only one cou	use per line f		12.01		inpor		me_addr	500	INTE	T ANO DE	EP4 KTH
	973.1	IMMEDIATE CAUSE (of DUE TO	)	atopity state									
	Conditions, if or			Carbon mon	oxid	de poisor	ning						
	gave rise to immed (a), stating the u cause fast.												
CATION	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	H BUT NO	OT RELATED TO TH	HE TERMIN	AL DISEASE (	CONDITION GIV	EN IN PA		9. WAS PERFO	AUTOPSY RMED? NO 🔀
CERTIFI	20g. EXTERNAL CAU PRIMARY 10 or CON CAUSE OF DEATH.	SE WAS TRIBUTING []		HOW INJURY OCCUR						le. M	otor	can	sed t
2	20c. TIME OF INJUR			NJURY OCCURRED 30	e. PLAC		me, form,				ounty)	ruh	sed t
WEDI	? O. m.	3-30-58 19		rk ol work	-	ome		Lanh	am, Pr.	Geo		M	id.
	21. I certify th	of I took charge	of the r	emoins described	obov	e, held on A	Autopsy	, Ins	pection X.	Inqui	ry T	, on	d in my
	opinion deoth	resulted from:	Notural c	ouses . Accid	dent [	], Suicide	<b>X</b> ), H	omicide [	]. Undete	rmined	monne	er 🗍	
	ACTUAL SIGNATURE	ohno :	TVIG	lonen		M.D. CHIEF MEI	DICAL EXA	MINER [				DATE S	IGNED
	EXAMINER'S J	ohn T. Mal	oney,	M.D.				EXAMINER		Marc	h 3	0, 1	.958
	BURIAL, CREMATION	4/2/58	OF .	22c. NAME OF CEMETE Arlingtor			2		on (City, town, ogton Va			(State	<b>e</b> )
23. 1	F. Gase	s signature ch's Sons	Hyat	ADDRESS tsville Md	1.		APR 7	BY REGISTRA	1246. REGIS	STRAR'S SI		1E	77

MARYLAND STATE DIEARTMENT OF MEATH BALTIMORE.

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8561 4 HdV	Daniel on			115-115	edistri.
5	12		4 4 9	John T. Malenny	
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VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	ce before admission)
1	O. COUNTY Prince Georbes MARYLAND	o. STATE Maryland b. COUNTY Pri	nice Georges
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest (pwn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
	Porestville	X Forestville	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 5436 Pumphrey Drive	5436 Pumbbrev Dri	e. IS RESIDENCE ON A FARM? YES NO M
3	NAME OF DECEASED (Type or print) Rena Lane		Day 8 Year 58
-	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	Sept 27 1886 ost birthdoy) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	o. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDU during most of working life, even if retired)  Debt Stove		ZEN OF WHAT COUNTRY?
1	B. FATHER'S NAME	14. MOTHER'S MAIDENCNAME	0.0.11
	Carter A Lane	Cornelia Patch	
1		NFORMANT Address	
L	(es, no, or unknown) (If yes, give wor or dates of service) 575-10-42934 M	rs RB. Edwards Glen Alle-	n Va. ate 4
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Uremi	a.	ONSET AND DEATH
1	442X DUE TO		
4		schlerosis	1 Year
	gove rise to immediate	3011 (6 4 0 3 (3	17504
1	couse (o), stoting the under DUE TO	ized arterioschlerosis	& Years
	, (c)		O ICATO
15	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
13	660X Diapeles M	elliTus	YES NO
VOITA DISTRESS		D. (Enter nature of injury in Port I or Port II of item 18.)	
A COLUMN	20c. TIME OF INJURY Month, Day, Year Hour o. 11. 19 of work of work 20d. INJURY OCCURRED to the factor of work 10 to work	ACE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, office bldg., etc.)	ounty) (Stote)
	21. I certify that I attended the deceased from Sept 3	5 1948 to March 8 1958 that II	ast saw the deceased
	alive on March 7, 1958, and that death	(1) TAH	asi suw me decedsed
	one on the deal	ADDRESS (Street, city or town, stote)	DATE SIGNED
I	SIGNATURE W. Sysit Wichre	MD. 7005 Pritchie P.	d S.E. 3/8/5
L	PHYSICIAN'S W. Suit Tritchie	Washinotin 27	D.C.
2	Co. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
	- PENOVAL (Specify)	National   Ft Myer Va.	(orote)
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
-	4W= Teen - Wash D.C.	DATE MAR 1 2 58 (10 )	- /
1		DAIL MASS	. O. R. L. S. La

BUREAU V. &

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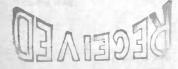
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03648 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. Na. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY 1 . Poge files. Health, b. CITY OR TOWN III outside corporate limits, write CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) lead marriera THAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TI NO P 3. NAME OF DATE Month DECEASED (Type or print) DEATH na 6. COLOR OR PACE 5. SEX 7. MARRIED THE NEVER MARRIED THE B. DATE OF BIRTH 9. AGE Iln years IF UNDER TYPAR IF UNDER 24 HRS Months | Doys Hours WIDOWED [ DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLASE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT alang with fait permit. F 213-12-1865 m 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Office 410 X DUF TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying cause last. PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? man 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, Enter nature at injury in Part I ar Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) Haur g. m factory, street, office bldg., etc.) While Not while at work at wark p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection I Inquiry . and in my CTOR: apinion death resulted fram: Natural causes 1. Suicide , Homicide , Undetermined manner Accident | ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE EXAMINER'S Should DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Arlington Nat'l Cem. Arlington, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE W.W. Chambers Company, Riverdale, Md.

NO []

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death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ARYLAND STATE DEVARTMENT OR HEALTHY-BALTIMORE, IN

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# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be considered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

TO FUNERAL ACTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of Alfolith, or its designated agent, priar to burial, cremotion, ar removal, and in any event within 72 haurs after death.

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MARYLAND	STATE	DEPARTMENT	T OF HEALTH-I	BALTIMORE, 18
MEDIC	AL EV	A SAINIEDIC	PEDTIEIC ATE	DE DEATH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 10.3650

1. PLACE OF DEATH o. COUNTY	Prince Geo	orges Marylan	2. USUAL RESIDENCE  a. STATE Mary	(Where deceased)	sed lived. If instit b. COUNT		Geo.	
b. CITY OR TOWN IT ond give nearest four Cheverl		c. LENGTH OF STAY IN I		(If outside cor	porate limits, write	RURAL and	give neore	est town)
d. NAME OF HOSPIT	TAL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS				e.	IS RESIDENCE
Prince G	eorges General	Hospital	34 B	Crese	ent Road		Y	ES NO
3. NAME OF DECEASED (Type or print)	First William	Middle Raymond I	lost Dorsch	4. DATE OF DEATH	March March	10	Doy	Yeor 19 58
5. SEX	6. COLOR OR RACE 7. M	ARRIED A NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER		UNDER 24 HRS.
Male	white win	OWED DIVORCED	4-25-1898		59 yrs.	Months (	Days Ho	ours Min.
100. USUAL OCCUPATION during most of working None	ON (Give kind of work done ng life, even if retired)	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (SIGN		country)		S.A.	HAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	INAME				
Willia	m John Dorsch	1	Nanr	nie E.	Taylor			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17	7. INFORMANT		Address			
free no, or onknown,	(ii yes, give war or odies or service)		Lottie M. Dors	sch; Sa	me addre	ss as	#2.	
Conditions. if or gove rise to imme (o), stating the couse fost.  PART II. OTI  PRIMARY Or CO CAUSE OF DEATH.	diote couse underlying DUE TO (c).  HER SIGNIFICANT CONDITION  Cardiovascular  USE WAS NTRIBUTING   20b. DES	Spontar  NS CONTRIBUTING TO DEATH BU  Prenal disease  CRIBE HOW INJURY OCCURRED		MINAL DISEAS	SE CONDITION GI		YES	VAS AUTOPSY ERFORMED? NO (Stote)
20c. TIME OF INJU Hour o. m. p. m.		While Not while of work 0	factory, street, office bldg., et	(c.)	,,	(500)		(3/0/4)
	John T. Male	22c. NAME OF CEMETERY	M.D. CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICAL	Homicide  EXAMINER  ICAL EXAMINER  EXAMINER  22d. LOCA	Undete	h 10,	1958	and in my  ATE SIGNED  (Stole)
23. FUNERAL DIRECTOR F Gasch	rs signature (s Sons Hy	attsville Md.		C'D BY REGIST	TRAR REGI	STRAK'S SIO	NATURE	

VS. A15ME SM 2/57

CHO! JUST all the base with the All Stiffs and DIDLE CO. TOTAL THE PART OF THE So as sheeps stad (donnell . See to do. moisson and a service AREAR CALL TREET CARE CARE BUREAU V. S. SEST SI AAM and allianting the line of

ADDRESS

MENT OF HEALTH—BALTIMORE,	18
ATE OF DEATH	03651
AIE OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (Where deceased lived. If institute of STATE	tutian Residence befare admission)
6. STATE 6. COUN'	PRINCE GERGE
c. CITY OR TOWN (If outside corporate limits, write	e RURAL and give nearest town)
11/AMUMA PARK	r Md
d. STREET ADDRESS	e. 1S RESIDENCE ON A FARM?
1315 WILDWOOD	DRIVE YES NO IS
- 05	Manth Day Year
NG-LISH DEATH MG	arch 8 1958
8. DATE OF SIRTH  9. AGE (In year last birthday	y) Manths Days Hours Min.
ally 14 1870 87 "	rrs.
USTRY 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
Maryland	USA
14. MOTHER'S MAIDEN NAME	1
Elizabeth Re	renenh
INFORMANT JOA	ddress
ingina Blumer	1313 Wildwood
1 0	INTERVAL SETWEEN ONSET AND DEATH
hemorrhage	5 hrs
1	
arterio selvosis	10 yrs
IT NOT RELATED TO THE TERMINAL DISEASE CONDITION O	PERFORMED?
ED (F. )	YES NO 4
ED. (Enter nature of injury in Part I or Part II of item 18.)	
ACE OF INTHIBY HERE AND IC.	
PLACE OF INJURY (Hame, farm, 20f. (City or tawn) actory, street, office bldg., etc.)	(County) (State)
. 1957, 18 Mearch 8, 195	
h occurred at 1.50 PM, from the causes	
ADDRESS (Street, city or tow	wn, state) DATE SIGNED
M.D. 5600 M. H. / Mr.	Whish If
A A	18/

24a. REC'D 8Y REGISTRAR

DATE

(State)

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the certificate, writing the word "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should 1 provided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		366	C C	CERTIFICA	TE OF BEATH	Reg. Dist. No.
1.	PLACE OF DEATH a. COUNTY	Prince Geor	ges MARYLAND	O STATE	Where deceased lived. If institution b. COUNT	ution: Residence before admission)  Y Pr. Geo.
	b. CITY OR TOWN (If and give nearest town) Riverd	outside corporate limits, write RUR/		1	If autside corporate limits, write mby Avenue	RURAL and give nearest town)
		at or institution (if not emorial Hospi	in hospital, give street address)	A. STREET ADDRESS	POXX Beltsvill	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First Joseph Real	Middle Henri Ethier	Lost	4. DATE Mont OF DEATH March	
5.	SEX			DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.
	Male		DOWED DIVORCED	3-20-20	foot birthdoy) 37 yrs.	Manths Days Hours Min.
10	during most of workin-	ON (Give kind of work dane g tife, even if retired)	10b. KIND OF BUSINESS OR INDUST			12. CITIZEN OF WHAT COUNTRY?
13	Barber L FATHER'S NAME		Barber	14. MOTHER'S MAIDEN		Variada
1		and White days			Marleau	
15		ert Ethier er in U. S. Armed Forces	7 16. SOCIAL SECURITY NO. 17. IN	M.LUOL'LUE	Address	
	No. or unknown)	(If yes, give war ar dates of service			nier; same addr	
	Conditions, if or gave rise to immed (a), stating the cause last.	liote cause	Cardiovascular	A CANCEL CASO		
CERTIFICATION	PART II, OTH		NS CONTRIBUTING TO DEATH BUT N			VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
		ITRIBUTING []	SCRIBE HOW INJURY OCCURRED. (E	nter nature at injury in Fa	rt f or Part II at item 18.)	
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year	20d, INJURY OCCURRED While Nat while factors work of wark	CE OF INJURY (Home, for ory, street, office bldg., etc.	m. 20f. (City or fawn)	(Caunty) (State)
	opinion death		the remoins described about of courses []. Accident []	¬	Homicide, Undete	DATE SIGNED
	REMOVAL (Specify)	tion 3/8/58	22c. NAME OF CEMETERY OR Ontario	CREMATORY	22d. LOCATION (City, town, Canada	ar caunty) (State)
23	F. Gasch	. 44	ADDRESS ttsville Marylan		D BY REGISTRAR 246. REGISTAR 1 0 158	STRAR'S SIGNATURE

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RYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18	
	CERTIFICATE	OF	DEATH		

3718 CERTIFIC	AIE OF DEATH	Reg. Dist. No. 03653
1. PLACE OF DEATH O. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUNT)	
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) John Joseph	Fletcher DEATH 1/12	web 3 1958
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Send 15 1876 9. AGE (In year lost birthday) yea	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ///am Fletcher	14. MOTHER'S MAIDEN NAME HENVIETTE	Campbell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, agree war or dates of service)	Tatha Bell ad	Bowie, Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Arterioscherisi	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate DUE TO	siin, Essenti	3/ 5yn
lying cause last.	1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	RED. (Enter nature of injury in Part I or Part II of item 18.)	
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) octory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from Sandalive on May 2 1928, and that deat	1953, to M2 2 , 195 th occurred at 735A:M, from the causes	Lithat I last saw the deceased and an the date stated above.
ACTUAL Henry a Telise	ADDRESS (Street, city or town	
PHYSICIAN'S Hethry A. Mise	Bowie,	nel
720. BURIAL CREMATION, REMOVAL (Specify) 3/0/58 HOLEY FOR	or crematory 22d location own	Revile, and
23. FUNEYAL DIRECTOR'S SIGNATURE OF 11 CO ADDRESS 222	240. REC'D BY REGISTRAR 24b. REG	SISTRAR'S SIGNATURE

VS A1S (4) 1SM 9/SS

	E OF DEATH	CERTIFICATION CERTIFICATION	
		CAMPOLOGICAL STREET, ST.	
		The state of the s	
DE VEDVED ESS	e ne let law	Mind to the series of the seri	
17 1328			
MS 0 1519310			
MINISTOR			a - port organism
\$ \$\hat{\psi}\$	product to		

## CERTIFICATE OF DEATH

03654

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PA SCOUNTY MARYLAND C. LENGTH OF STAR IN 16 c. CITY, OR TOWN Af outside to porate limits, write RURAL and give nearest lown) ADDRESS e. IS RESIDENCE ON A FARM? YES NO 4. DATE Month Day Year DEATH 1958 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Min. WIDOWED 7 DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME ame 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 640 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) WEEKS DUE TO Canditians, if any, which EBROVASCULAR HBMORRHAGES MONTHS gave rise to immediate DUE TO cause (a), stating the underlying cause last. TERIOSCLEROTIC EARS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (State) Haur a. ft. factory, street, office bldg., etc.) While Not while at work at work p. m. 21. I certify that I attended the deceased from... 1956, to 1958 that I last saw the deceased , and that death occurred at 2:45 FM, from the causes and on the date stated above ADDRESS (Street, city ar town, state) DATE SIGNED ACTUAL PHYSICIAN'S NRY NAME (Type 22a. BURIAL, CREMATION, 22b. DATE THEREOF 20c. NAME OF CEMETERY OF CREMATORY Lynchburg vitginia Virginia. or county) (State) rallygyer tation 3/15/58 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S STGNATURE DAMMAR 1 Gasch's Sons Hyattsville, Md.

death. pape attending please burial-tr det FUNERAL poge à 0 0 VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/SS

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
3645	CERTIFICATE	OF DEATH	D.

03655 Reg. Dist. No.

1			a				Mas	11 01311 140.	
1,	PLACE OF DEATH	Die Ge	orse's	MARYLAN	o. STATE A	(Where deceased lived	. If institutions Re b. COUNTY	sidence before	odmission)
-	b. CITY OR TOWN (	f autside corporate limit		ENGTH OF STAY IN		(If outside corporate li	mits, write RURAL	and give near	rest town)
1	RURAL ond give no	eorest tawn		E 11	1,511	10		1	
1	A NAME OF HOSPIT	AL (If not in hospital, g	-	J MONTH	d. STREET ADDRES		VONDALE		. IS RESIDENCE
	OR INSTITUTION	At (II not III nospitol, g	The singer bodie	538)	14922	1 7	LE RO	AD	YES NO S
3.	NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE	Month	Day	Year
	(Type or print)	GEOR	GE	B.	FUG LISTER	OF DEATH	MAR.	29	1958
5.	SEX	6. COLOR OR RACE	7. MARRIED [	NEVER MARRIED	8. DATE OF BIRTH	9. AC			IF UNDER 24 HRS.
	MALE	WHITE	WIDOWED [	DIVORCED [	SEPT. 24		5 5 yrs. Man	ths Doys	Haurs Min.
100	. USUAL OCCUPATION	ON (Give kind of wark o	done 10b. KIND	OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (S	itate or foreign country)	12	CITIZEN OF	WHAT COUNTRY?
	ELEVATOR	STARTED	EVE	ENING STA	R NEWSPAPER)	NEWPORT !	R.I.	710	
13.	FATHER'S NAME	JIHNILK			14. MOTHER'S MAID		.,,,,	VICO	
	(FIERR	CF S. FI	GLIS.	TFR	Rosei	MARIE 1	BAL SIG	ER	
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SOCI	IAL SECURITY NO. 1	7. INFORMANT	1/17/016	Address		
(Ye	s, no. or unknown)	iff yes, give war or dates of s	SMS	1-10-2491	GEORGE	S FIGI	ISTED	- F	ハナリーア
=	LIA CAUSE OF DE	714 [F	13/0	10 ~ 1111	OZUKOZ	1/40-2	13/2/	Liver	1/72/
		TH (Enter only one co			D			ONSE	RVAL BETWEEN
	64.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	DITA	ceral Lor	ar Pneumon	18		4	days
	Condition if our which Muscular Dystrophy					11.7	Years		
	Canditians, if a		) Tust	urar Dys	or obiry			44-4	10015
	gave rise to i cause (a), stating								
	lying couse last.	) (c	)						
0 N	PART II. OTH	IER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEASE CON	IDITION GIVEN IN	PART 1(a) 19	WAS AUTOPSY PERFORMED?
CATION	490 X								YES NO
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	RRED. (Enter noture of injury	y in Part I or Part II af	item 18.)		
SE	20c. TIME OF INJUR	Y Manth, Day, Yes	or 20d. INJUR	Y OCCURRED 20e	. PLACE OF INJURY (Hame,	farm, 20f. (City or ta	wn)	(County)	(State)
MEDI	Hour a.m.	19	While	Not while at wark	factory, street, affice bldg.	, etc.)			
~				March	26, 58	March 29	58 .		
	IVI a	of lattended the	deceosed, f	}	to_	358	2, 19,the	of I last so	w the deceosed
	olive on_11a.	1	, 19	ond that de	oth occurred at	35a, from the	couses and a	on the date	e stoted above.
	ACTUAL SIGNATURE	romas	170	Collin		Street,	N.E.	3	-29-1956
	PHYSICIAN'S T	homas F.	Collin	ns, M.D.					2 2 4 w 2 4 4 4 4 4 a a a a a a
73	BURIAL, CREMATION REMOVAL (Specify)	PRIL I	1958 22d	MT. OLI	Y OR CREMATORY  /ET CEMETE	10/	City, town, or cou	nty)	(State)
23.	FUNERAL DIRECTOR	SSIGNATURE DE VOL -	22241	ADDRESS VIS AVE., W,	7 0 240.	REC'D BY REGISTRAR APR 1 '58	24b. REGISTIKAR	SIGNATURE	
-									

BUREAU V. E.

4PR 1 1958

2710 CERTIF	FICATE OF DEATH Reg. Dist. No.
Prince Georges County MARYL	AND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  o. STATE  Maryland  b. COUNTY  Prince Georges
b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town)  Clinten  d. NAME OF HOSPITAL (If not in hospital, give street oddress)	N 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Clinton
OR INSTITUTION	d. STREET ADDRESS Route #3, Box 605  o. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF First Middle DECEASED (Type or pfint) " Jack Edward	GARNER OF BEATH March 11 19 58
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NEVER MARRIED   DIVORCED	17 April 1957   lost birthdoy)   Months   Doxs   Hours   Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)  None  None	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Maryland: Puerto Rico USA
Roland E. Garner	14. MOTHER'S MAIDEN NAME Dorothy Mae Lingo
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service)	Roland E. Garner Box 605, Route #3, Maryland
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stoting the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT  20a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING TO DEATH  20b. DESCRIBE HOW INJURY OCCUPANT (IF EITHER, NOTIFY MEDICAL EXAMINER)  The art form	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 100 NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2: Maur dorm. While Not while	CURRED. (Enter nature of injury in Port I or Part II of item 18.)  ad in bathtub  20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stole) factory, street, affice bldg., etc.)
21. I certify that I attended the deceased from. 11 Ma	death accurred at 700p •M, fram the causes and an the date stated above  ADDRESS (Street, city or town, state)  M.D. 1001st USAF Hospital (HEDCOM) 11 March
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETIC SEMOVAL (Specify) 3-12-56	ERY OR CREMATORY 22d. LOCATION (City, Igwn, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS 20. W. Chambers To-Inc. 517-11-	240. REC'D BY REGISTRAR 24b. RÉGISTRAR'S SIGNATURE DATE
900000000000	MART 4 50 CO. P. LOUIS

VS A15 (4) 15M 9/55

### PHYSICIANS CERTIFICATE:

I the undersigned, Medical Officer of the Day, 11 March 1958, 1001st USAF Hospital, Andrews Air Force Base, Washington 25, D. C., do hereby certify to the following facts and circumstances involved in the death of Jack Edward Garner.

Deceased arrived in the 1001st USAF Hospital at approximately 8:05 p.m. hours, 11 March 1958. Delivered to this facility by Officer Robert M. Zidek
Prince Georges County Police, State of Maryland.

Further certify that this case was discussed with Doctor James I. Boyd, Medical Examiner, Prince Georges County, Maryland, who released remains to custody of the Commander, 1001st USAF Hespital, Andrews Air Force Base, Washington 25, D.C. There was no reason to believe or suspect foul play in this case. Autopsy performed at request and concurrance of both parents and the Hespital Commander, scheduled to be performed by the Pathologist, 1100th USAF Hespital, Bolling Air Force Base, Washington 25, D. C.

It is believed that death occurred at 7:00 p.m. hours, 11 March 1958.

RICHARD H. WEBER CAPTAIN, USAF (MC)

Medical Officer Of The Day

Richard Klieben



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VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
3720	CERTIFICATE	OF	DEATH	

**CERTIFICATE OF DEATH** 

N

03651 Reg. Dist. No.

- It		
	1. PLACE OF DEATH O. COUNTY Server (2009 (2) MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)  o. STATE  b. COUNTY
ľ	b. CITY OR TOWN (If outside carporote limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR IOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL ond give nearest town! 30 mm	x Ruzal
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  O. IS RESIDENCE ON A FARM?
2	None	Lincoln dr YES NOD
	3. NAME OF DECEASED (Type or print) Sull All All All All All All All All All	4. DATE Month Day Yeor DEATH THE CALL 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR IF UNDER 24 HRS.
	Female Nagra WIDOWED DIVORCED	Dec. 1 1870 8 prinday) Months Doys Hours Min,
	<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>	TRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY?
	House wite	Worth Dakola 9.2.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Devidmin F. VIdShington	Julia Elsie Washington
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes. no. or unknown) (If yes. give wor or dates of service)	IFORMANT // Address
	(V) (7h)	nabelle Minnebrew Lanham Mo
1	18. CAUSE OF DEATH [Enter only one couse peculine for (o), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	Tyresv
1	444X DUE TO	101.0
	Conditions, if ony, which) (b) eneval12 a	& MIRIUSCIENSIS DI/N
1	gove rise to immediate cause (o), stating the under-	
	lying couse lost. (c) 14/102/12/12	13/on 10 m
	PART 1). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	3 Deamalord /tr/mil	YES NO NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter nature of injury in Port I or Part II of item 18.)
	- I II	CE OF INJURY (Home, farm, 20f. (City ar town) (County) (State)
1	Hour o. m.  p. m.  19 While Not while of work of work	ary, street, office bldg., etc.)
	21. I certify that I attended the deceased from July	. 1955, to Mdw., 1957, that I last saw the deceased
		accurred at 0545 R.M., from the causes and an the date stated above.
	8/	ADDRESS (Street city for town, Hote) DATP SIGNED
	SIGNATURE SERVY CI Clise	no. 14 9 9 - 8 3/4/58
	PHYSICIAN'S HELLY AVVISED	Bowse ful
	220. BURIAL CREMATION, 226. DATE THEREOF 22CE NAME OF CEMETERY OR BURIAL (Specify)	CREMATORY (2/1/ 22d. LOCATION (City, Igyn, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Fragilis Trines & Home - 380	TRANSPORTERIOR - 150 0 / 50
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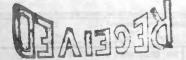
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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FOR STATE	
HEALTH DEPT.	

Page necessory, please your files. ector. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 shauld be parted and the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State to ris designated agent, prior to burial, cremotian, and in any event within 72 hours after death.

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VS. AISME 5M 2/S7

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		27	94 It	em 7 Fi.	ImG226	3-24-58 et			Reg. I	Dist. No		
1.	PLACE OF DEATH o. COUNTY	Prince Geor	ges	MA	RYLAND	2. USUAL RESIDENCE (		sed lived. If inst b. COUN		dence bef	ore odm	ission)
	and give nearest town	f outside corporate limits, write 3] Bowie	RUPAL C	LENGTH OF ST	AY IN 16	c. CITY OR TOWN (I	f outside con	porote limits, wri	10 RURAL or	nd give n	eorest to	wn) 🗸
		al or institution (III	f not in hospite	ol, give street ado	iress)	d. STREET ADDRESS	31st	Street			ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	First Melvin		Middle vers	Hamma	Lost	4. DATE OF DEATH	March		Day		9 58
	sex Male	White	WIDOWED [		RIED B. (	8-24-98		9. AGE (In years lost birthday) 59 yrs	IF UNDE	R 1YEAR Days		ER 24 HRS, Min,
100	o. <b>a</b> sual occupation of working most of working Mutuel cl	ON (Give kind of work d ng life, even if retired) erk		of Business (	OR INDUSTRY	Virginia		country)	12. CI	U.S		COUNTRY?
13	. FATHER'S NAME	rnel Hammack				14. MOTHER'S MAIDEN	NAME ta Tho	mpson				
NO	PART I. DEAT  14 14 2 X  Conditions, if a gave rise to immer (a), stating the cause lost.	diate cause underlying DUE TO (c)_	219 per line for A	cute con	gestiv	yrtle McDerry re heart fair renal disea	llure		,	INTER	VAL BETWI	EN VIH
A CERTIFICATION	20a. EXTERNAL CAL PRIMARY   ar COI CAUSE OF DEATH.	USE WAS 20th	DESCRIBE HO	OW INJURY OCC	CURRED. (Ent	er noture of injury in Par	t I or Port II	of item 18.)			PERFO ES []	NO TO
MEDICAL	Hour a.m.	19	While of wark [		tactory	OF INJURY (Home, form , street, office bldg., etc	.)	y or town)	(Co	ounty)		(State)
		resulted from: No John T. Ma	Male	ses . Aco		e, held on Autaps  , Suicide,  M.D. CHIEF MEDICAL EXAMPLE ASSISTANT MEDICAL  DEPUTY MEDICAL	Homicide  KAMINER   AL EXAMINE	R 🗆	ermined	manne	DATE S	d in my
	REMOVAL (Specify)  Burial  FUNERAL DIRECTOR	Mar. 18.	1958	Arlingt		cional Cem.			***	zinia GNATUR		:)

DTATE ROV nos tool - day of the carry of the contract and an array bulls. DESCRIPTION OF THE PROPERTY OF THE STREET STREET, STREET, WILLIAMS BUREAU V. E. 8261 . 81 . 9AM 

ND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF BEATH

BUREAU V. S.

9361 81 AAM

DECENAED

VS A15 (4) 15M 10/57

,	CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	etached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 bild be filled with	
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by the haspital ar attending physician.	Aff	hed	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DE

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1. PLACE OF DEATH o. COUNTY Prince Ge	or ges		MARYL	- 11	. USUAL RESIDENCE (* o. STATE Maryland	Where decease	d lived. If instituti b. COUNTY	an: Residence		
b. CITY OR TOWN (III RURAL and give ne	outside corporate lim arest tawn)	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (I	If outside corpo	orole limits, write R	URAL and giv	e nearest t	own)
Cheverly	A1 0f 1 2		ll days		Hyattsvill	le /5				
d. NAME OF HOSPITA		VI (2-72-7			d. STREET ADDRESS	. /			O	RESIDENCE N A FARM?
	orges Gene			1_		thorpe	St.		163	LI NO LA
B. NAME OF DECEASED (Type or print)	Blan	che	Middle		Hardy	4. DATE OF DEATH	Marc		Day	Year 1958
i. SEX			HED WEVER MARRIED	B. 1	DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF U	
Female	White	WIDOWI	ED DIVORCED		7-11-91		last birthday)		oys Hou	
during most of work	N (Give kind af wark ing life, even if retired 11 C	done 10b.	wn home	INDUSTR	Marylan		country)		A OF WH	IAT COUNTRY
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	arrett St				Rosa Ly	ddane				
(Yes, no, or unknown)	IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	17. INFO	DRMANT		Add	ress		
	no	idi vicej	none	Will	liam W. Ha	rdy H	[vattsvi]	lle Md		
	TH WAS CAUSED BY:	/	ne for (a), (b), and (c).]	1						BETWEEN ND DEATH
g gard	IMMEDIATE CAUSE (	- Property	oumen	DE	new.	0 200	1			
150x	DUE TO		1- 1		0 1			1-		
Candilians, if an		10	were	0	to og h	a Ja	cel fes	Cula	-	
gave rise to in cause (a), stating t		/	/			0			7.	
lying cause last.	) (0	)	areun	uch	· Coso	hur	ce. Upoto	muel	/3	
PART II. OTH  491 X  200. ACCIDENT WAS  OR CONTRIBUTING  (IF EITHER, NOTIFY I	ER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TER	MINAL DISPAS	E CONDITION GIV	EN IN PART 1	PEF	AS AUTOPSY PFORMED?
20a. ACCIDENT WAS	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED. (	Enter nature af injury i	in Part I or Par	t II of item 18.)			
		or 20d IA	NJURY OCCURRED 2	On PLACE	OF INJURY (Hame, fa	201 10:4				
20c. TIME OF INJURY Haur o. m. p. m.	19	While	Nat while	factor	y, street, affice bldg., e	etc.)	dr tawn)	(Cou	inly)	(State)
21. I certify the	at I attended the	decease	ed from lan	15	, 19 5 % to	monch	23-195	Sthat I las	st saw th	e decease
alive an Mu	onely 2-2	195	X_, and that a	death of	corred at 9:2	O M. from	n the causes a	nd an the	date st	ated above
ACTUAL SIGNATURE	Horas V	velle	em Warce	M.D			treet, city ar tawn,			DATE SIGNE
BUVEICIANIE	. George V	Vare								
Burial (Specify)	3/26/58	F	22c. NAME OF CEMET Mt Olivet				TION (City, town, clington I		(S	tote)
3. FUNERAL DIRECTOR'S	-,,		ADDRESS			C'D BY REGIST		TRAR'S SIGN	ATURE	
F. Gasch'		vatts	sville. Man	rvlar	ad. DAMA	R 2 6 '58	levi	erich	NIONE.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

BUREAU V. &

8361 PT NAM

OECEINED.

VS A15 (4) 15M 10/57

3670

Reg. Dist. No.

1	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W	here deceased lived. If institutio	n: Residence before admission)				
	Prince Georges	MARYLAND	o. STATE Marvl	and b. COUNTY	ince Georges				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	C. LENGTH OF STAY IN 16		outside corporote limits, write RU					
	Cheverly	18 days	X Brandyw	ine					
1	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	Prince Georges General	Hespital	Rt. 1	Box 92	YES NO				
	3. NAME OF First DECEASED	Middle	Last	4. DATE Mon!	h Day Year				
	(Type or print) John	APPENDING TO SEE	Henson	DEATH	rch 3 19 58				
	5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.				
	Male Black WIDOWE	DIVORCED [	12-9- ??	7) yrs.	Months Doys Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if relired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	Farming	Farmer	Mary	land	U.S. A.				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME					
-	Kobert Hen	SON	Kehe	cca Mo=	de.				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Addre	BOX 92				
	NO	None No	ellie Hen	ISON BY	and I was Not				
/	18. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]		, , ,	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	alanm	aren Pu	challes to	ONSET AND DEATH				
	442 X DUE TO // + - 10 1								
	Conditions, if ony, which ) (b)	yperleuse.	10 arter	us Selli-1	engel De				
	gove rise to immediate								
	lying couse lost. (c)								
		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY				
2	CATI				PERFORMED? YES NO				
	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Port I or Part II of item 18.)	TO IN				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
		JURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	, 20f. (City or town)	(County) (State)				
	Hour o. m. While of work	Not while 100	lory, street, office bldg., etc	.)					
	21. I certify that I attended the decease		10 to	10	About I lead on all the state of				
					, man I last saw the deceased nd an the date stated above.				
		ond mar deam		ADDRESS (Street, city or town, a					
	ACTUAL SIGNATURE	Bull.	A D	to the second series of the se	DATE STONED				
1	SIGNATURE		A.D						
	NAME (Type) Dr. Ruell, MdD.								
	220. BURIAL, EXEMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or	county) (State)				
	BURIAL May 6,1958	St Thon	1.25	Aguasco	, Md				
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC*		RAP'S SIGNATURE				
4	The HUNTE FUNERAL HO	me Walder	f, Md DATE	MAR 7 '58 CCU	Heduch				

HTASC TO STADISTISS

BUREAU V. S.

8391 7 AAM



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VS A15 (4) 15M 9/55 M

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ARYLAND	STATE	DEPARTMEN	IT OF	HEALTH-	-BALTIMORE,	18
2770						

3724 CERTIFICATE OF DEATH

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Reg. Dist. No. 03666

	DUNTY PILA CE	10.	MARYLAND	2. USUAL RESIDENCE (WI		f institution: Residence	
b. CI RU	TY OR TOWN (If outside corporate I IRAL and give nearest town)		5 YES.	c. CITY OR TOWN (IF o	outside corporate limits	s, write RURAL ond g	ive nearest town)
d. N.	AME OF HOSPITAL (If not in hospital R INSTITUTION	al, give street address)		d. STREET ADDRESS	MAVE		e. IS RESIDENCE ON A FARM? YES NO
3. NAM DECE (Type	NE OF CASED For print) EV3 1	Dorothy	Middle Hedg	last PS	4. DATE OF DEATH	Month	Day Year /4 1958
5. SEX	male Colored	WIDOWED [	DIVORCED [	8-30-1893	64		YEAR IF UNDER 24 HRS. Days Hours Min.
HE	UAL OCCUPATION (Give kind of wo ing most of working life, even if reti	rk done 10b. KIND OF red)	BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
13. FATH	Shert Bur	9055		14. MOTHER'S MAIDEN N	NAME  AND PI	rkoev	
15. WAS (Yes, no.	S DECEASED EVER IN U. S. ARMED or unknown) It yes, give wor or does	ORCES? 16. SOCIAL S	ECURITY NO. 17.	INFORMANT	days 91	Address 76	AVE
	CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED B IMMEDIATE CAUSE DUE	Yion Cer	(b), ond (c).] e bro - V	ascular	Acciden	+	INTERVAL BETWEEN ONSET AND DEATH
go	onditions, if any, which ove rise to immediate use (o), stating the <u>under</u>	(b) F S TO	senti	al Hype	rtens:	on	7 4rs.
CERTIFICATION (IL 1) 2008	PART II. OTHER SIGNIFICANT CO	- thyroi	dism				1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	. ACCIDENT WAS UNDERLYING D CONTRIBUTING D CAUSE OF DEA' EITHER, NOTIFY MEDICAL EXAMINE	206. DÉSCRIBE HO	W INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of iten	n 18.)	
WEDICAL 20c.	TIME OF INJURY Month, Day, Hour a. p. p. m.	While _ Not	COURRED 20e. P	LACE OF INJURY (Home, farm actory, street, office bldg., etc	20f. (City or town)	(Co	ounty) (State)
ali	I certify that I attended to ve on Mar 12			195/, ta 195/, ta 195/, ta 195/, ta 195/, ta 195/	PM, from the co	auses and on th	ast saw the deceased e date stated abave.  DATE SIGNED
SIG	rsician's TOHA	W. T.	ROUT	M.D. 330-9 Wash	ington	19 D.C	3-14-5
220 REA	RIAL, CREMATION, 22b. DATE THEF HOVAL (Specify) 3 -20-		linester	or CREMATORY	and Cocation (City	Ten Va	(Stote)
23. FUN	eral director's signature my S Washin	ngta a Sen	ORESS 467	Nothwate M	D BY REGISTRAR 24 AR 1 8 '58	REGISTRAR'S SIGN	NATURE

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State and Company and the Action of the Acti			Marrian American
BUREAU V.			
8961 ST WW	CAN TO		FISH SPINS
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DEAGENED			muleur consus values

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3725

CERTIFICATE OF DEATH

Reg. Dist. No.

							Kad. Dist. 146	J.
1. PLACE OF DEATH o. COUNTY Prince G	eorge's		MARYLAND	2. USUAL RESIDENCE (Va. STATE Maryland	Where deceased	lived. If institution b. COUNTY	on: Residence bef	ore odmission)
b. CITY OR TOWN	(If outside carporate liminearest town) Le, Marylar	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		ate limits, write RI	URAL and give ne	earest fawn)
d. NAME OF HOSPI	ters Lane	S.E.	address)	d. STREET ADDRESS 7589- Wal	ters La	ne S. E.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ROSALIA		Middle M •	HUBER	4. DATE OF DEATH	March 1	_	Year 19 58
5. SEX Female	White	WIDOWI		B. DATE OF BIRTH March 7th 18	880	AGE (In years last birthday) 70 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATE during most of working mos	ION (Give kind of work rking life, even if retired	1	Cleaner PA. F			intry)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
Karl Matt				Unknown				
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war ar dates of s			informant 's. Mary E. Wa	alter	Same as	11	
Canditians, if a gave rise to cause (a), stating lying cause last.	the under-	9.	meral a	rteriose	loro	sin	Zi	n know
2		DITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER/	MINAL DISEASE	CONDITION GIVE	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part I	I of item 1B.)		
ZOc. TIME OF INJU	RY Month, Day, Ye	While	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, far actory, street, office bldg., e	m. 20f. (City o	or town)	(County	(State)
21. I certify it alive on Macual signature PHYSICIAN'S NAME (Type)	hat I attended the relation 10 ments of the V	decease 12.			M, fram ADDRESS (Street)  ALNG	the causes at the cause at	nd an the do	aw the deceased the stated abave DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify BUTIAL	March 12-	-	Oedar Hill C		22d. LOCATIO Suit1	on (City, town, o	r county)	(State)
23. FUNERAL DIRECTOR	S SIGNATURE BUTTLES	166	61- Good Hope shington, 20,		D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNATU	RE

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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be frequended to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL CTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State II of Health or its designared agent, prior to burial, cremation, or removal, and in any event within 72 hours often death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	R

	2700				Re	g. Dist. No.	
. PLACE OF DEATH o. COUNTY	Prince Georges	MARYLAND	2. USUAL RESIDENCE (V			Residence before Geo	
b. CITY OR TOWN and give negrest to	(If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporale lin	ils, write RURA	L ond give ne	eorest town)
	hapel Oaks	10 years	X Char	el Oaks			
d. NAME OF HOSE 1328 58	PITAL OR INSTITUTION (If not in heat	ospital, give street address)	d. STREET ADDRESS	5 58th Av	romile		ON A FARM
3. NAME OF		11111			renue		
OECEASED (Type or print)	Bertha Bertha	Elizabeth	Hunter	4. DATE OF DEATH 3-	Month 7-	Doy	Yeor 19 58
5. SEX Female	6. COLOR OR RACE 7. MARR	RIED TO NEVER MARRIED 8	-19-12	9. AGE lost birt	hday) Mon		Hours Min.
100, USUAL OCCUPA	TION (Give kind of work done 10b. king life, even if refired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)		. CITIZEN OF	WHAT COUNT
		Hospital			300	TT C	.A.
13. FATHER'S NAME	a goodiidaio	MOSPICAT	14. MOTHER'S MAIDEN	NAME		Ues	
Joh	n Berkley		M-1	innie Duri	200		
15. WAS DECEASED	EVER IN U. S. ARMED FORCES? 114	S. SOCIAL SECURITY NO. 17. H	NFORMANT	mitte Diffe	Address		
Yes, no, er unknown)	(If yes, give war or dates of service)	aT.	mes E. Wilso	m: 4805 Te	ras Ave	. Wes	h. D.C2
NO CAUSE OF D	EATH [Enter only one cause per line		THOU DE HELDO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	aren 1146		
	EATH WAS CAUSED BY:		and chools			ONSE	YAL BETWEEN
001	IMMEDIATE CAUSE (o)	Hemorrhage a	did Shock				
70/X	DUE TO	Q. 4					
Conditions, if		Shotgun wour	id of head				
gove rise to imm							
couse lost.	(c)						
PART II. C	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	NINAL DISEASE CONDI	TION GIVEN IN		PERFORMED?
200. EXTERNAL OF PRIMARY DE OF CAUSE OF DEAT	ONTRIBUTING []	BE HOW INJURY OCCURRED. (I		rt t or Part II of ilem 1	B.)		
3 20c. TIME OF IN		. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, formander, street, office bldg., etc.	m. 20f. (City or town)		(County)	(State
8.00	3-7-58 Whot who of w	ile Not while	Home		Oaks	Pr. Ge	Md.
	that I taak charge of the	remains described abo	AA WEEK ST.			quiry X	
	h resulted from: Natural	man I		Homicide XI,		. Grant	
opinion deal	A /	A Accident	, Joicide,		onderennin	ed manne	. []
ACTUAL SIGNATURE	John J. 47	Valency	M.D. CHIEF MEDICAL E				DATE SIGNED
EXAMINER'S NAME (Type)	John T. Malone;	y, M.D.	DEPUTY MEDICAL	1	March	8, 19	58
220. BURIAL, CREMA	TION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (Ci	ly, fown, or cou	nly)	(Stole)
BURIAL	- 3-15-58	CHURCH CA	EMETERY	NORFO	LK.	V	A.
23. FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS	29 07 C 240. REC	D BY REGISTRAR	4b. REGISTRAR	S SIGNATUR	E
JOHN T.	RHINES + C	0. 701 3-	DATE M	AR 1 4 '59	0.1	- 1	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYBAND STATE DEPARTMENT OF HEALTH-BALTHMORE, 18
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THEODERIC NAME OF THE PROPERTY OF

CERTIFICATE OF DEATH N UABRUS 8361 61 AAM

## HEALTH DEPT

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y be retained the State Better death. ofter with 1 2, and 3 age 5 ma, and 2 with 72 hours a Pages 1, 2, on m PM3. Page 5 e pages 1 and 3 Give Pages 1, 2 th form PM3. Pa form File p in Item 18. Gi within ď. burial-transit pencil in chief Medical Examina should be used as a 0 writing the word to the Chief Med Poge 3 should be prior icate, varded should FUNER 40 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Maryland b. COUNTY Prince Georges o. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) College Park D.O.A. Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Leland Memorial Hospital 5006 Indian Lane YES NO R 3. NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH 19 58 10 Thomas March Robert .Iones 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 9. AGE (In yours IFUNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Hours WIDOWED | DIVORCED Sept. 14. 1901 56 Male white 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. U.S. Navy Yard Virginia Retired inspector 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carrie Bateman Jean Paul Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rosalie Jones: same address as # 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (o) DUE TO Cardiovascular renal disease Conditions, if ony, which gove rise to immediate couse DUE TO (o), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO-200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, i 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Nat while 0. m ot work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Y. and in my opinion death resulted from: Natural causes , Accident , Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER March 10. 1958 John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER A NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) 3/14/58 St John's Cemetery Beltsville, Md. 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons MAR 1 3 Hyattsville Md. DATE

VS. A15ME 5M 2/57

Table of Sungar	Annual Services Control		3 YE S BOLLET TO
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		MARYL	AND S	TATE DEPARTM	NENT OF HEAL	TH-BAL	TIMORE, 1	8	
		W	DICA	L EXAMINER	'S CERTIFICA	TE OF	DEATH	Reg. Dist. N	13673
1,	PLACE OF DEATH				2. USUAL RESIDENCE	(Where decease		on: Residence be	fore admission)
		Prince Ge	orges	MARYLANI	o. STATE Marm	vland	b. COUNTY	Prince	Geo.
		f outside corporate fimits, writ		c. LENGTH OF STAY IN 15			orole limits, write R		
	Lanham			Transien	t × Lanham				V
	d. NAME OF HOSPIT	AL OR INSTITUTION (	If not in hos	pital, give street address)	, d. STREET ADDRESS				e. IS RESIDENCE
L	P. O. Bo	x 352 A			Prince	s Gard	en Road		YES NO
3.	NAME OF DECEASED	Fir	st	Middle	Last	4. DATE	Month	Day	Year
	(Type or print)	John		Clifton	Kagle	DEATH	March	15	19 58
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	FUNDER TYEAR	IF UNDER 24 HRS
	Male	white	WIDOWED		Sept. 29.	1884	last birthdoy) 7% yrs.	Months Days	Hours Min.
			done 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto			12. CITIZEN O	F WHAT COUNTRY
		engineer		enn. R.R.	Marvla			11. 5	5. A.
13	FATHER'S NAME	ANDIMAN		Gillian III	14. MOTHER'S MAIDEN			1 00 1	24 224
	Will:	iam David	son F	Tagle	Martha	Alic	e Carr	rick	
15		ER IN U. S. ARMED FO	RCES? 16. 5		INFORMANT	40770	Address	LICK	
(11)	s, no, or unknown,	(If yes, give war or dates of	service)	0	ctavia Kagl	Le: sa	me sadan	988 88	# 2
	18. CAUSE OF DEA	TH [Enter only one cou	se per line f			20, 00.	mo adul	INTE	RVAL BETWEEN
		TH WAS CAUSED BY		Shock				ONS	ET AND DEATH
	916.0	IMMEDIATE CAUSE (a)		21001					
	Conditions, if o	1111	Ext	ensive 2nd	and 3nd de	armoo I	haama ed	h adam	
	gove rise to immed	diole couse	2017.	CILDIA STIC	and Jid de	Stree	ourns of	body.	
	(o), stoting the s	underlying DUE TO							
z		IER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	N IN PART 1/a) 1	VAS ALITOPSY
CATION			-		THE TEXT	THE GIBLING	CONDITION ONE		PERFORMED?
	20g. EXTERNAL CAL	ISE WAS 20	h DESCRIBE	HOW INJURY OCCURRED.	/Fater poture of injury in D.		£ 11 19.1		YES NO G
CERTIF	20g. EXTERNAL CAUPRIMARYAL or CONCAUSE OF DEATH.	NTRIBUTING -	Burn	s caused by	Thirming of highly in re	on i or ron ii o		- 41 <sub>0</sub> - 1 <sub>0</sub>	
=	20c. TIME OF INJUS	RY Month, Day, Yea		NJURY OCCURRED 200. PL				the b	
MEDIC/	Hour XX		While	Not while for	ctory, street, office bldg., el	lc.)		(County)	(Stote)
×	p. m.			k ot work of dr	veway ofa	home	Lanham	Pr. G	eo. Md.
	21. I certify th	nat I taak charge	af the re	emains described ab	ove, held an Autap	sy _, In	spection 🔀	Inquiry 2	and find tha
	death resulted	fram: Natural	causes	, Accident X, St	vicide 🔲, Homicid	le 🔲, Un	determined ca	use .	
		1	100	1					
	ACTUAL SIGNATURE	my c	11/2	loner	M.D. CHIEF MEDICAL	EXAMINER -			DATE SIGNED
8	EXAMINER'S				ASSISTANT MEDI	CAL EXAMINER			
	NAME (Type)	John T.		ey, M.D.	DEPUTY MEDICAL	L EXAMINER	March	15. 1	958
220	BURIAL, CREMATIO	N. 22b. DATE THEREO	F :	Man of CEMETERY O	R CREMATORY		ON (City, town, or	county)	(State)
	Burial	3/18/58			oln Cemetery	y Colm	nar Manor	, Md.	
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	24a. REC	D BY REGISTR	AR 24b. REGIST	RAR'S SIGNATU	RE
	F. Gasch	's Sons	Hyat	tsville, Md.	DATE	0.4.0.100	h. /	- 4	
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MARYLAND STAYS DEPARTMENT OF HEALTH-EASTMORE.

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may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauf detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar para to burial, cremation, ar remaval, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 1SM 9/S5

001	V			Neg. Dist. No	•
n. PLACE OF DEATH a. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (What is a state maryland	ere deceased lived. If institution b. COUNTY		Georges
b. CITY OR TOWN (If outside carporate limits, write RURAL and give negres) town)  Mt/Rainier Brentwood	c. LENGTH OF STAY IN 1b		utside corporate limits, write R  /6 Brentw		orest town)
d. NAME OF HOSPITAL (If not in hospital, give street in STITUTION AND AND AND AND AND AND AND AND AND AN	eet address) •	d. STREET ADDRESS 3715 Rhode	Island Ave.		e. IS RESIDENCE ON A FARMEY YES NO
R. NAME OF DECEASED (Type or print) HOWARD	Middle <b>K</b>	ELLISON	4. DATE Mon OF DEATH MARC		Year 19 <b>5</b> 8
30 9 III 3 A	ARRIED NEVER MARRIED A	B Nov. 1884	9. AGE (In years last birthdoy) 73/4 yrs.	Months Days	IF UNDER 24 HPS. Hours Min.
0a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Clerk	06. KIND OF BUSINESS OR INDU Govt.	STRY 11. 8IRTHPLACE (Stole Ohio	or foreign country)		F WHAT COUNTRY
3. FATHER'S NAME William H. Kellison		14. MOTHER'S MAIDEN N Margaret	E. Shawan		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (You no, or unknown) (If yes, give wor or dates of service)		ward L. Kell:	ison Bellef	ontaine,	Ohio
IMMEDIATE CAUSE (a) G  1992 DUE TO  Conditions, if any, which gave rise to immediate cause (a), stoling the under-lying cause last.  (b) DUE TO  (c)	ever 21112ed SP	co lenimolos	0 C C ( N OW 2 ) 05 ( 5		ndeterm
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING   20b. E OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a)	PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part I or Part II of item 18.)		
Hour a. m. Wh	- 1	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.		(County)	(State)
21. I certify that I attended the dece alive on 26 February, 19  ACTUAL SIGNATURE EDGE N. 3  PHYSICIAN'S Edg 27 N.	255, and that death	occurred at 6:15	M, from the causes of ADDRESS (Street, city or town,	ınd an the da	
20. BURIAL, CREMATION, REMOVAL (Specify) Removal 3/7/58	Zc. NAME OF CEMETERY OF Kennedy Funet		22d. LOCATION (City, town, o		(State)
3. FUNERAL DIRECTOR'S SIGNATURE	yattsville, Md	240. REC'I	DECHE DECHE	TRAR'S SIGNATU	

100	E OF DEATH	ADHIRED	
unigha op bankar			and deep and the
		British Parket of	
10 a bin 17 a	. ave limited about 5176	A 7	Western Grand Street William
			Charles Coll
	1984 James W		
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8261 OI AAM			
ECEINE	Min no west less on the	vince in a man of the convention of the conventi	ino tra .

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be "repraded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained require files.

TO FUNERAL CTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State B. To Health, ar its designated agent, prior to barial, cremation, or removal, and in any event withth 72 hours after death. I

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03675 Reg. Dist. No

PLACE OF DEATH	luca Camua	MARYLAND	2. USUAL RESIDENCE	E (Where deceased liverage)	ved. If institution: b. COUNTY	Pr. Geo	
b. CITY OR TOWN	Ince Georges f outside corporate limits, write RURAL			(If outside carporate	e limits write RUR		
and give negrasi low	n)		15		4-		
d. NAME OF HOSPI	TAL OR INSTITUTION (If not is	n haspital, give street address)	A. STREET ADDRES	ttsville	(Landove		e. IS RESIDENCE
Prince (	Georges General	1 Hospital	3901 7	Oth Avenu	10	10.2	YES NO
3. NAME OF	First	Middle	Lost	4. DATE	Month	Doy	Year
(Type or print)	Herman	Wesley Ken	nev	OF DEATH	March	19	1958
5. SEX		ARRIED NEVER MARRIED 8.		9. A	GE (In year)   IF L		IF UNDER 24 HRS.
Male		OWED DIVORCED	12-11-189	1	3 yrs. Mo	onths Doys	Hours Min.
10a. USUAL OCCUPATI		Ob. KIND OF BUSINESS OR INDUSTR		-		12. CITIZEN OF	WHAT COUNTRY
Retired	ng me, even n remed)	U.S.Government	Virgini			U.S	
13. FATHER'S NAME		,	14. MOTHER'S MAIDE				
Wil	Liam G. Kenney		Bertha	Lloyd			
	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT P	Robert (	Address		74-4
No	(If yes, give wer or deles of service) None	578-09-2595	WANTE K	enney; sam	e addres	S 95 #	2.
18. CAUSE OF DEA	ITH Enter only one cause per		-			INTERV	AL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Acute conges	tive heart	failure		ONSET	AND DEATH
442 X	DUE TO	20200 002600	0210 11042 0	141144			
Conditions, if		Cardiovascul	er renel d	1 500 50			
gove rise to imme	diate cause	out atorapout	as a contact of	TOCADO			
(o), stating the							
	HER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TE	RMINAL DISEASE CO	NDITION GIVEN I	IN PART 1(a) 19	WAS AUTOPSY
PART II, OT							PERFORMED?
20g. EXTERNAL CA		CRIBE HOW INJURY OCCURRED. (En	ter nature of injury in	Part Lar Part II of ite	m 18 1	116	ES NO NO
PRIMARY OF CO	NTRIBUTING LI						
	RY Month, Day, Year	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, I	form, 120f. (City or k	own)	(County)	(State)
20c. TIME OF INJU			ry, street, office bldg.,			(//	(5.5.2)
		he remains described obov	e held on Auto	Incy   Inch	otion <b>V</b>		
		_			-	nquiry X,	and in my
opinian death	resulted from: Natur	al causes A, Accident	J. Suicide [],	Hamicide [	, Undelermi	ned manner	
ACTUAL (	2 7 9h	1 /2	CHIEF MEDICAL	L EVALUINED C		15 40	DATE SIGNED
SIGNATURE	enn J. II,	aloney	M.D. CHIEF MEDICA				
EXAMINER'S	Tohu M Moleman	- M.D.		DICAL EXAMINER	Manak	70 70	r0
	John T. Malone	22c. NAME OF CEMETERY OR C		AL EXAMINER		19, 19	
REMOVAL (Specify		Neelsville C			(City, town, or co		o.Md.
Burial 23. FUNERAL DIRECTOR		ADDRESS	240.			R'S SIGNATURE	
		Riverdale, Ma		MAN ST RECITION	1 000	Such	
W . W . U	TVWDETTO OO.	TIT TOT WOLLD & MO	- J - WATE		1112	auch	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	0 =	
VS A15	(4)	9
15M 10	1/57	1

		367	75	CERTIF	ICAT	7 3-28-58 E OF DEATI			10/6/ Reg. Dist.	1	13676
1. P	LACE OF DEATH					USUAL RESIDENCE (W	here deceased li	ved. If instituti	on: Residence	before add	nission)
	Prince G			MARYLA	AND	laryl and		Prince	Geor	ges	
E	. CITY OR TOWN RURAL and give	(If outside corporate limit nearest town)	its, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (IF	outside corporate	e limits, write R	URAL ond giv	re nearest t	own)
	Cheverly	,		8 hours	B	rentwood	34				
-	I. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, e	give street	oddress)		d. STREET ADDRESS	1	74'4			RESIDENCE
		eorges Gener	al H	osnital (=	3	603 Upshur	Street				A FARM?
3. 1		ilmon Nithol	rst	Middle	P.	tost Keys	4. DATE OF DEATH	March		Doy 15	Year 19 58
S. S	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. D.	ATE OF BIRTH	9.	AGE (In years	IF UNDER 1		NDER 24 HRS.
	Male	White	WIDOWE	DIVORCED		3-29-87	170	lost birthday) yrs.	Months D	ays Hou	rs Min.
10a.	USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote Virgi	or foreign coun	try)	12. CITIZ	EN OF WH	AT COUNTRY
12 (	ATHER'S NAME	etired	10	2 do de Limie					1 4	L. D,	77
13. 1	AIHER 5 NAME					4. MOTHER'S MAIDEN I	cy Col	e			
15.	WAS DECEASED E	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress		
(185.	no. or unknown)	(If yes, give war or dates of s	ervice}	none	Jes	sie F. Key	vs Br	entwood	d. Md.		
	420,1	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	inf	arct.		econdary to		red mye	cardia		our
NO	Conditions, if gove rise to couse (o), stoting lying couse lost	ony, which immediate g the under-	inf Occ	arct. lusion of l onary arter	eft c	erotic hear	tery	ase		l w	eek rs
ICATION	Conditions, if gove rise to couse (a), stoling lying couse lost	ony, which immediate g the under County to County the Under County to County the Under Coun	inf Occ	arct. lusion of l onary arter	eft c	erotic hear	tery	ase		1 W yoa:	eek rs
	Conditions, if gove rise to couse (o), stoling lying couse lost PART II. O  20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	IMMEDIATE CAUSE (o DUE TO Ony, which immediate g the under.  THER SIGNIFICANT CON  VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	inf Occ	arct. lusion of l onary arter	eft c	erotic hear	rt disea	250 ONDITION GIV		1 W yoa:	cek rs as autopsy leormed?
	Conditions, if gove rise to couse (a), stoting lying couse lost PART II. O	Ony, which immediate Gauss (of the under the significant control to the sig	inf Occ Cor DITIONS C	arct. Lusion of L onary arter ONTRIBUTING TO DEATH RIBE HOW INJURY OCCURRED Not white	eft c	erotic hear	rt disea	ONDITION GIV	EN IN PART I	1 W yoa:	cek rs as autopsy leormed?
MEDICAL	Conditions, if gove rise to couse (a), stoting lying couse lost PART II. O  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF Hour o.m., p. m.  21. I certify (1)	Ony, which immediate Gauss (of the under the significant control to the sig	inf Occ Cor DITIONS C	arct. lusion of l onary arter ONTRIBUTING TO DEATH CRIBE HOW INJURY OCCURRED Not white of work	eft c ioscl H BUT NOT CURRED. (Ec	erotic hear related to the term of injury in OF INJURY (Home, form, street, office bldg., etc.	rt disea INAL DISEASE CO Port I or Port II	ONDITION GIV of item 18.) town)	(Co	l w yoa.  yo	cek  rs  AS AUTOPSY FORMED?  (Stole)
MEDICAL	Conditions, if gove rise to couse (a), stoting lying couse lost PART II. O  200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF LOW OR, m., p. m.	IMMEDIATE CAUSE (o DUE TO Ony, which immediate g the under- THER SIGNIFICANT CON  (AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Day, Yee  19	inf Occ Cor DITIONS C	arct. lusion of l onary arter ONTRIBUTING TO DEATH CRIBE HOW INJURY OCCURRED Not white of work	eft c ioscl H BUT NOT CURRED. (Ec	erotic hear related to the term related to the term of injury in of injury (Home, form, street, office bldg., etc., 1957, to 20 curred at 12:55	rt dises INAL DISEASE CO Port I or Port II  1. 20f. (City or  1. 20f. (The control of the contro	ONDITION GIV of item 18.) town)	(Coo	l w yoa.  yo	cek  rs  ss Autopsy FORMED?  (Stole)  ne decease
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MEDICAL	Conditions, if gove rise to couse (a), stoting lying couse lost lying couse lost PART II. O  200. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFE CO. TIME OF INJUMENTAL CONTRIBUTION OF THE	IMMEDIATE CAUSE (o DUE TO ONY, which immediate go the under.)  THER SIGNIFICANT CON  VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Yes  That I attended the Control of the United States of Death Stat	inf Occ Cor DITIONS C  20b. DESC While of work decease 195	arct. Lusion of 1  onary arter ONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURRED  Not white of work  of from.  and that declared the second of th	eft c  ioscl  H BUT NOT  CURRED. (Ec foctory.)	erotic hear related to the term of INJURY (Home, form, street, office bldg., etc., 1957, to 20 curred at 12:55.	Port I or Port II  Description of the control of th	ONDITION GIV of item 18.) town)	(Control of the store)	1 we year 1 we y	cek  rs  ss Autopsy FORMED?  (Stole)  ne decease
WEDICAL WEDICAL	Conditions, if gove rise to couse (o), stoling lying couse lost PART II. O  200. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIFE CONTRIBUTION CO. TIME OF INJUMENT OF	IMMEDIATE CAUSE (o DUE TO ONY, which immediate g the under of the significant con the significant control in the significant	inf Occ Cor DITIONS C  20b. DESC While of work decease 195	arct. Lusion of 1  onary arter ONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURRED  Not white of work  of from.  and that declared the second of th	eft c  ioscl  H BUT NOT  CURRED. (Ec  foctory.  Jeath acc	erotic hear erotic hear related to the term of injury in of injury (Home, form, street, office bldg., etc.)  1957, to 20 curred at 12:55  3824-3	Port I or Port II  Description of the control of th	of item 18.)  town)  town)  he causes on, city or town,  N (City, town, or lamar March	(Control of the store)	1 we year year year year year year year yea	(Stole)  (Stole)  (Stole)

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2640

	9040	CEKTIFIC	AIE OF DEAIR	1	Reg. Dist.	No. 0 2 6 7 7	
o. COUNTY Prince George's		MARYLAND	2. USUAL RESIDENCE (WHO O'S STATE Marylar	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland  b. COUNTY Prince Georges			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park, Md.		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  /4 College Park, Md.				
OR INSTITUTION	PITAL (If not in hospital, give street in the street in th	oddress)	d. STREET ADDRESS 4709 Amhe	erst Rd		e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	Richard	Middle	King	OF	Month	Doy Yeor 1958-19	
s. sex male	white WIDOW		8. DATE OF BIRTH Oct 26, 1884	9. AGE (In ye lost birthdo	ears IF UNDER 1	YEAR IF UNDER 24 HRS. oys Hours Min.	
during most of wo	ION (Give kind of work done 10b trking life, even if retired) tired	. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote			EN OF WHAT COUNTRY?	
13. FATHER'S NAME	Cheodore King		Nellie Wh				
15. WAS DECEASED EV (Yes. no. or unknown)	. DA sina a data asiast		INFORMANT ary Quinn Kin		Address Park Ma	ryland.	
Conditions, if gave rise to couse (a), stating lying couse last	immediate g the under-	VANCED H	VASCULAR CTERIOS	CLERC	515	ONSET AND DEATH 2 DAYS ? YFACS	
20a. ACCIDENT W	THER SIGNIFICANT CONDITIONS  /AS UNDERLYING  G  CAUSE OF DEATH Y MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU				(o) 19. WAS AUTOPSY PERFORMED? YES NO	
20c. TIME OF INJU Hour o. m.	RY Month, Doy, Year 20d. I While of wor	Not while fo	LACE OF INJURY (Home, farm actory, street, office bldg., etc.	, 20f. (City or town)	(Cou	inty) (Stote)	
21. I certify to alive an	hat I attended the decease 3 /19 , 19 = 19 = 19 = 19 = 19 = 19 = 19 =	-0	M.D. 4506  CO LLE  OR CREMATORY	M, from the couse ADDRESS (Street, city or to COLLE COLLE 22d. LOCATION (City, to Suitland	es and an the livin, stote)  CEP  Win, or county)		
3. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS tsville Md.		D BY REGISTRAR 24b. R	EGISTRAR'S SIGN	ATURE	

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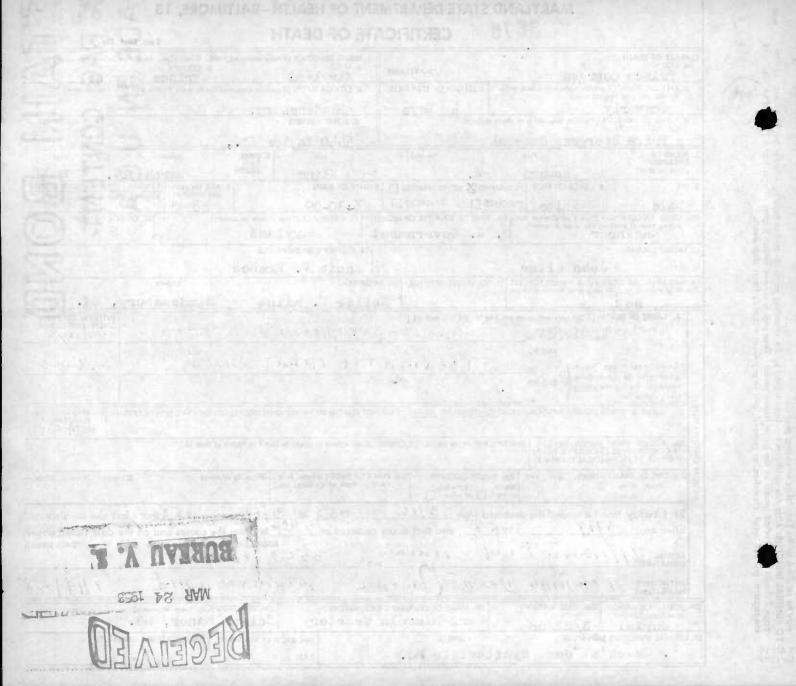
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BURNESH SHED OF A MINE

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3676 CERTIFICATE OF DEATH

			R	eg. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WI	nere deceased lived. If institution:	Residence before admission)
Prince Georges	MARYLAND	Maryland		Georges
b. CITY OR TOWN (If outside corporate limits, write c. LENGT	H OF STAY IN 1b		outside corporate limits, write RURA	
RURAL ond give nearest town) Cheverly	Dozza	25		
d. NAME OF HOSPITAL (If not in hospital, give street address)	Days	33 Bladensbi	nese,	e. IS RESIDENCE
OR INSTITUTION Prime Georges General		5140 Tayl	or St	ON A FARM? YES NO A
3. NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print) Howard W.		Kline	OF DEATH Marc	
5. SEX 6. COLOR OR RACE 7. MARRIED 2 NE	VER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED [	6+30-09	), 8 yrs.	onths Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF I	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired!	overnmen			USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	IAME	
John Kline		Annie V. F	rench	•
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE (Yes. no. or unknown) (If yes, give wor or dates of service)	CURITY NO. 17. IP	NFORMANT	Address	
no	N.	ellie V. Kli	ne Bladens	burg, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o),	b), ond (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	porchos	NeumoniA	BILATERAL	ONSET AND DEATH
14/6 × DUE TO				U arry 2
PA	Gu no n	Tic Henn	T Disease	EURANC
gove rise to immediate	eamin	116 11644	1 317(436	3 YEARS
cause (o), stoting the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY
3 491x				PERFORMED? YES TA NO T
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT  49 / X  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED	). (Enter nature of injury in I	Port I or Port II of item 18.)	
	ninnen loo ma	CF OC IVIII IN III	1	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCC While Not vot work of work of work of work.	vhiletoc	ACE OF INJURY (Home, farm tory, street, office bldg., etc	)   20f. (City or tawn)	(County) (State)
21. I certify that I attended the deceased from	3/16	1958 to 3	119 258.	
			2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	hat I last saw the deceased
alive on 195 8	and that death			on the date stated above
SIGNATURE Mormon Dand	mean	350	ADDRESS (Street, city or town, stot	e) DATE SIGNE
SIGNATURE	-/	A.D		
PHYSICIAN'S NORMAN DONAI	(bmen	u mTb	(AINIER Md	3/19/58
DEALOVAL (Speciful	NE OF CEMETERY OF		22d. LOCATION (City, town, or co	
Burial 3/22/58 Fort	Lincoln	Cemetery	Colmar Manor,	Md.
3. FUNERAL DIRECTOR'S SIGNATURE ADDR	ESS	24a. REG'I		R'S SIGNATURE
F. Gasch's ons Hyattsvil	le Md.	DATE	124 '58 100	1
0		DAIL	I Strike	auch



### FOR STATE HEALTH DEPT

PLACE OF DEATH

a. COUNTY

3. NAME OF

Mala

DECEASED

(Type or print)

Analyst

13. FATHER'S NAME

files. Health, tor. e refained e Stole Bo d 3 to the f may be rel with the S 50 1, 2. 3. Poge 5 poges 1 or 24 hours offe Give Poges 1 h form PM3. Item 18. Gi along peri buriof-transit E s Office "pending" in padical Examiner's 3 should be writing the word to the Chief Med to the Poge TOR: MEDICAL be AL should should FUNERA

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0 VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Ann Arundel Prince Georges MARYLAND b. CITY OR TOWN IIf outside corporate limits, write \$11641 C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) Glen Burnie Cheverly D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE 508 Baylor Road. Prince Georges General Hospital YES TO NO Month 58 DEATH Joseph Ahe Lahage March 10 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9 AGE (In years IF UNDER TYPAR IF UNDER 24 HRS lost birthday) Hours White WIDOWED [ DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Nat'l Security Agency U.S.A. 14 MOTHER'S MAIDEN NAME Frieda Hobaica 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Edmund P. Lahage: same address as # 2. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Hemorrhage and shock IMMEDIATE CAUSE (o DUF TO Fractured skull and crushed chest Canditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO DO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) Operator of an automobile in collision with a bridge abutment Month, Day, Year (Stote)

CAUSE OF DEATH.

20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) factory, street, office bldg., etc.) While Not while at work of work Pr. Geo. Md.

21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection XI, Inquiry XI, and in my opinion death resulted from: Natural causes . Accident KI, Suicide . Homicide . Undetermined manner

ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE

ASSISTANT MEDICAL EXAMINER March 18. 1958 **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) John T. Maloney, M.D.

220. BURIAL, CREMATION, 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) ransportation 3/19/58 Hingham Massachusetts

23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md.

MAR 2 1

(Stote)

Greenbelt

## MEDICAL EXAMINER'S DERTIFICATE OF DEATH

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Inherta ma terra	bnafgraff	200	Prince Con	
	Gless Burnie	D. D. N.		C. 9
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the certificate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral, 4 should be provided to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL. CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State is an its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE (OP DEATH   C. COUNTY Prince George's   MARYLAND							Neg. Dist. 14	V.
Dead on arrival	1. 0	COUNTY Prin		MARYLAND				
Prince George's General Hospital  2208 Wingate Road    Col   April   Col   Col	and give nearest fown)						RURAL and give	nearest town)
3. NAME OF DECEASED PROPERTY OF STORY MIDDLE STORY OF STO						ad		e. IS RESIDENCE ON A FARM? YES NO
Male White WIDOWED DIVORCED   May 10, 1904   May 10, 1904   Manife Days Hours Mit Mit Dept Hours Mit Mit Dept Hours Mit Mit Manife Days Hours Mit Mit Manife Days Hours Mit Mit Manife Days Hours Mit	3. 1	NAME OF . DECEASED Type or print)			OF	Manah		Year 19 58
13. FATHER'S NAME  I.S. WAS DECEASED EVER IN U. S. ARMED FORCES?  14. MOTHER'S MAIDEN NAME  Unknown  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  Conditions, if only, which gove rise to immediate course (o), stoling the underlying course lest.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTT PERFORM  (c), stoling the underlying Course lest.  20a. EXTERNAL CAUSE WAS  PRIMARY   or CONTRIBUTING    20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Doy, Year  While Not while Opinion death resulted from: Natural causes   D. Accident    21. I certify that I took charge of the remains described above, held on Autopsy  , Inspection   Inquiry   ond ir opinion death resulted from: Natural causes   D. Accident    ACTUAL  SIGNATURE  NAME (Type)  James I. Boyd  22c. Name of Cemetery or Crematory  22d. DEATE INDICAL EXAMINER    DATE SIGNI  ACTUAL  SIGNATURE  NAME (Type)  James I. Boyd  22c. Name of Cemetery or Crematory  22d. Cardinon (City, Nown, pr county)  Name of Cemetery or Crematory  22d. DEATE INDICAL EXAMINER    DATE SIGNI  ACTUAL  SIGNATURE  NAME (Type)  3 - 2 - 58  ACCIDENT RELIGION  ACTUAL  SIGNATURE  22d. DEATE THEREOF  22c. Name of Cemetery or Crematory  22d. Cardinon (City, Nown, pr county)  Name of Cemetery or Crematory  22d. Cardinon (City, Nown, pr county)  ACTUAL  SIGNATURE  22d. CARDINAL (Company)  SIGNATURE  22d. CARDINAL (Company)  SIGNATURE  22d. CARDINAL (Company)  SIGNATURE  22d. CARDINAL (Company)  SIGNATURE  22d. CARDINAL (City, Nown, pr county)  SIGNATURE  22d. CARDINAL (City, Nown, pr county)  SIGNATURE  22d. CARDINAL (City, Nown, pr county)  SIGNATURE  22d. CARDINAL (City)  SIGNATURE  22d. CARDINAL (City)  SIGNATURE  22d. CARDINAL (City)  SIGNATURE  22d. CARDINAL (City)			74.14.			low by thdoy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INNORMANT   Address   Same as 2	10a. d	USUAL OCCUPATIO	N (Give kind of work done 10b. g life, even if retired)			country)		
18. CAUSE OF DEATH   Enter only one course per line for (o), (b), and (c).	13.		Lanham					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gover rise to immediate couse (a), stoling the underlying couse lost.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTO PERFORME YES NO  NO  NO  NO  NO  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTO PERFORME YES NO  NO  NO  NO  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTO PERFORME YES NO	15. [Yes.	no, or unknown)					3 2	
20c. TIME OF INJURY Hour o. m. p. m.  19  20d. INJURY OCCURRED While of work o	CATION	Canditions, if on gave rise to immedia, stating the ucause last.	DUE TO  y, which (b) iote cause nderlying (c)	Cardiovaseular	renal disease	ASE CONDITION GIV		19. WAS AUTOPSY PERFORMED?
21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry ond in opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined monner  ACTUAL SIGNATURE		PRIMARY   or CON CAUSE OF DEATH.	TRIBUTING []				16	X
opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner Date significanture    Date significanture	MEDIC	Hour o.m.	Whi	le Nat while focto	ry, street, office bldg., etc.)	ity or town)	(County)	(State)
PAME (Type James I. Boyd  220. BURIAL, CREMATION 22b. DATE THEREOF  220. BURIAL (Spacify BAMOVAL (Spacify 3 - Z 2 - 58)  221. NAME OF CEMETERY OF CREMATORY  222. NAME OF CEMETERY OF CREMATORY  223. LOCATION (City, town. or county)  (Stole)		opinion death r			Suicide , Homicid	e [], Undete	1 / 1	
Sured 3-22-58 Codar Hill Cometry Suitland Suc	220	NAME (Type		TWO MANUE OF CEMETERY OR				
W.W. Chambers Co 317-11 St) E, DATE DELLESTIF		FUNERAL DIRECTOR	3-22-58 SIGNATURE	SADDRESS ST. ST.	Fill Cometay  240 MAR 2 4 25	Suille STRAR 246. REGIS	nol	mid.

## MARYIMIN STATE DIPARTMENT DEHEROTH BREINGER LANDEN MARYIMENTS CERTIFICATE OF DEATH

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#### FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral, director. Page 4 should be proved to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL CTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State be 1 of Health, ar its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 hours after death. I

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3645 PICAL EXAMINER'S CERTIFICATE OF DEATH

03681 Reg. Dist. No.

1. PLACE OF DEATH	Prince George	B MARYLAND	o. STATE Flor	Where deceased lived. If ins		before admission)
and give nearest tow	foutside corporate limits, write RURAL Trest, Laurel,			f outside corporete limits, we <b>Lauderdale</b>	rile RURAL and gi	ve nearest town)
1	AL OR INSTITUTION (If not it washington B	n hospital, give street oddress) oulevard	d. STREET ADDRESS	2. 2nd Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Eugene	Middle Laurence L	esater	4. DATE MO		19 <b>58</b>
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED DOWED DIVORCED		9. AGE  In years lost birthday) 61 y		EAR IF UNDER 24 HRS. ys Hours Min.
during most of working Retired P.  13. FATHER'S NAME  Unknown	ng life, even if retired) B.X installer	Telephone Co.	14. MOTHER'S MAIDIN	h Marth Cars	les a U.S	OF WHAT COUNTRY?
Yes, no, or unknown)	(If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. 261-01-3046 C	erol J. Hild	Addr ceth: same as		
PART I. DEA  44 4 2 X  Conditions, if gave rise to imme (a), stating the cause tast.	underlying DUE TO (c)	Acute congest Cardiovascula	r renal dise	ase		o) 19. WAS AUTOPSY PERFORMED? YES NO
	NTRIBUTING [	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	rt I or Port II of item 18.)		
20c. TIME OF INJU	RY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for tory, street, office bldg., etc.	m, 20f. (City or town)	(County	(State)
	John T. Malon	ey, M.D.  22c. NAME OF CEMETERY O	M.D. CHIEF MEDICAL E ASSISTANT MEDIC DEPUTY MEDICAL	Homicide   Under   Under   CAL EXAMINER   CAL EXAMINER	March 2	

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3730 CERTIFICATE OF DEATH

Reg. Dist. No.

03682

Ŀ		Keg. Dis	T. 140.
	O. COUNTY SINCE GOODS MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence o. STATE b. COUNTY)	- D -1-
	b. CITY OR TOWN (If outside corporate limits. write - c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside conporate limits, write RURAL and g	
,	nd. NAME OF HOSPITAL (If not in hospita), give street oddress) OR INSTITUTION  OR INSTITUTION	d. STREET ADDRESS  e 4803 Calser he	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Franklin Terce	Lost 4. DATE Month OF DEATH MENCH	Day Year 6 19.58
	Male white WIDOWED DIVORCED	Hori/ 3, 1881 76 yrs. Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
1	during most of working life, even if selfred)	11. BIRTHPLACE (Stote or foreign county)  12. CITI  13. All MOVE. 12.	ZEN OF WHAT COUNTRY?
1	Franklin P Lepson	14. MOTHER'S MAIDEN NAME Elizabeth Wallis	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes, no, or unknown]  (If yes, give wor or dates of service)  578-44-9257	NFORMANT Home Rec	cords
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CD RD NA R.	YOCCLUSION	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b) CHRONIC CO	FONARYARTERY	
	codese (a), stoting the under- lying couse lost.	DISEASE	6 years
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING LI CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Mile Not while for work 19 of work 10 to work 10	ACE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, office bldg., etc.)	ounty) (Stote)
	21. I certify that I attended the deceased from 5/1	7, 1955, to 3/6, 1958, that I lo occurred at 6:05.8M, from the causes and on the	ast saw the deceased
,	ACTUAL G Jornia Mendel	ADDRESS (Street, city or town, stote)  M.D. 4506 COLLEGE AVE	DATE SIGNED 3 /7/58
	PHYSICIAN'S C, LOUIS MENDEL	COLLEGE PARK	Md
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF Burial 3/8/58 St. John's		(Stote)
	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
	F. Gasch's, Sons Hyattsville Md.	DATE MAR 1 0 '58 Clumber	auch .

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.: Page 4 stranged firector, and be filed with may be retained by the hospital or ottending physician.

TO FUNERAL DIZECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shaulf. Identify detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and the registrar pract to burial, cremation, or removal, and in any event within 72 hours offer death. TO HOSPITAL OR VS A1S (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If ony deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be (exercised to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL I TOR: Page 3 should be used as a buriol-transit permit. File pages 1, and 2 with the State Burtof-Health, or its designation against to burial, cremotion, or removal, and in any event within 72 hours after death. M VS. ATSME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03683 Pag Dist No

									ney.	D131. 140		
PLACE OF DEATH o. COUNTY	Prince Geo	rges	MARYL	LAND				ed lived. If institu		dence be	fore odm	ission)
b. CITY OR TOWN (If or and give negres) town)  Cheverly		RURAL	D.O.A.	N 16			outside corp	porate limits, write	RURAL o	nd give n	eorest to	own) V
d. NAME OF HOSPITAL	or institution (if			)	d. STREET ADD		ms St	reet, N.	E.		ON	RESIDENCE I A FARM?
3. NAME OF DECEASED	First		Middle		Losi		4. DATE OF	Mont		Doy	١	Yeor
(Type or print)  5. SEX	James	-	ncent L:	1111			DEATH	9. AGE (In years	24,			19 58 DER 24 HRS.
Male	white	WIDOWED	30		March 29	, 18	95	fost by thelay) 62 yrs.	Months	Days	Hours	Min.
10o. USUAL OCCUPATION during most of working Superint	(Give kind of work d life, even if retired)		ind of Business or II teel constr			(Stote		ountry)	12. CI	U.S.		COUNTRY
13. FATHER'S NAME  James	Frank Lil	lis			14. MOTHER'S MA							
15. WAS DECEASED EVER	IN 0. S. ARMED FOR yes, give war or dates of se		SOCIAL SECURITY NO.	-	formant fton R. I	Weir		2 Bunker			ıd	
Conditions, if ony gove rise to immedia (a), staling the uncouse last.	ote couse (		cute conges									
PART II, OTHE		ITIONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO THE	E YERMII	NAL DISEASI	E CONDITION GIV	VEN IN PA			AUTOPSY DRMED? NO X
PRIMARY OF CONT CAUSE OF DEATH.	E WAS RIBUTING []	DESCRIBE	HOW INJURY OCCUR	RED. (Er	ter nature of injury	in Port	I or Part II	of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yeor	While		PLAC factor	E OF INJURY (Hom ry, street, office bld	ne, form. lg., etc.)	20f. (City	or town)	(C	ounty)		(Stote)
		latural c	emoins described auses <b>III</b> , Accid			], F	lomicide	nspection	, Inquermined		er 🔲	nd in my
EXAMINER'S NAME (Type)	ohn T. Made	oney,	M.D.		ASSISTANT .		1,100		arch	24,	195	8
270. BURIAL, CREMATION BURIAL (Specify)	3/28/58		Arlington					TION (City, lown, ington V		1	(Stat	ie)
23. FUNERAL DIRECTOR'S F. Gasch's	PN	lyatt	ADDRESS sville Md.			o. REC'E	MAR 2		STRAR'S S	IGNATUI	RE /	

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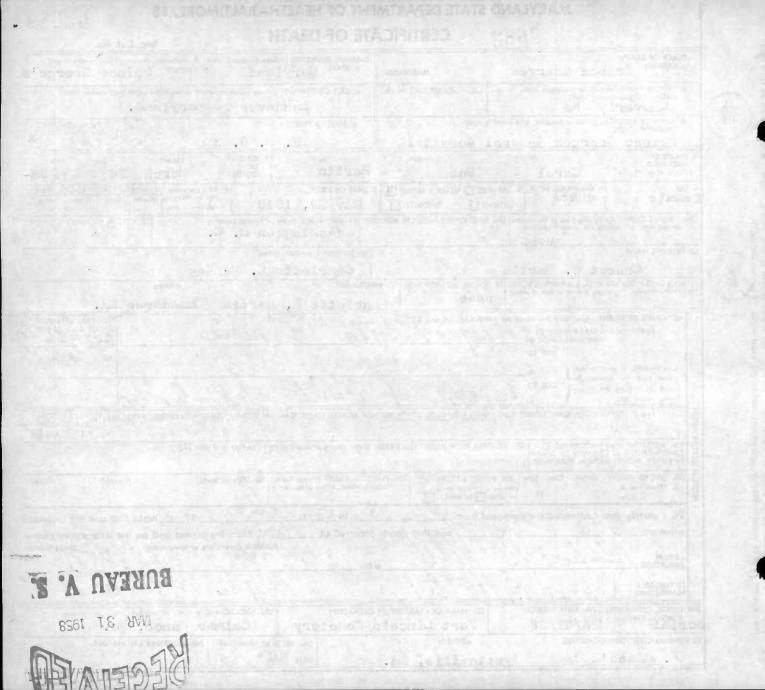
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	18
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RTIFICATE OF DEATH

	3682 CERTIFIC	AIE OF DEATH	Reg. D	ist. No.
1. PLACE OF DEATH o. COUNTY Prince Geor	ges MARYLAND	2. USUAL RESIDENCE (Where do o. STATE Maryland	eceased lived. If institution: Reside b. COUNTY Pri	nce George's
b. CITY OR TOWN (If outside corporate RURAL and give nearest lown)  Cheverly Md	limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporote limits, write RURAL ond er Maryland.	give nearest town)
d. NAME OF HOSPITAL (If not in hospite OR INSTITUTION  Prince Georges G		d. STREET ADDRESS R. F.	D. 2	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Carol	First Middle Sue	Martin 4.00	ATE Month  FATH March	Day Year 28 19 58-
5. SEX 6. COLOR OR RAN white	7. MARRIED NEVER MARRIED MIDOWED DIVORCED	8. DATE OF BIRTH Nov 29, 1945	9. AGE (In years IF UNDER last birthday) Months	R I YEAR IF UNDER 24 HRS.  Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti	rk done 10b. KIND OF BUSINESS OR IND red)	Washington		TIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Ernest W. Ma	rtin	Charlotte L.	Mc. Kay	
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no. or unknown) (If yes, give wor or dotes	of service)	harlotte L. Mar	Address rtin Landover	Md.
PART I. DEATH WAS CAUSED & IMMEDIATE CAUSI  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost.  DUE	to Caralylinof	Muscles o.	1 Resperale	2/28/58 3- 3- 18
Part II. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BU	1	OF Part II of item 18.)	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEA	rH R)		,	
20c. TIME OF INJURY Month, Day, Hour o. m. p. m.	While Not while f	PLACE OF INJURY (Home, farm, 20f octory, street, office bldg., etc.)	(City or town)	County) (Stote)
21. I certify that I attended to alive an ACTUAL SIGNATURE PHYSICIAN'S PHYSICIAN'S	he deceased fram SIC.		fram the causes and on the state of the causes and on the state of the	last saw the deceased the date stated above DATE SIGNED
220. BURIAŁ, CREMATION, 22b. DATE THEI	REOF 22c. NAME OF CEMETERY	OR CREMATORY 22d.	LOCATION (City, town, or county)	(Stote)
Burial (Specify) 3/31/5		In Cemetery	a . M	Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY R		GNATURE
F. Gasch's ons	Hyattsville, Md	DATE MAR 3	1 '58 Rest . c.	



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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	0000				Keg. Dist. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (W		ution: Residence before admission)
o. COUNTY	rince George's	MARYLAND	o. STATE Marylan	nd b. COUNT	Y Prince George's
b. CITY OR TOWN (III and give necrest town Cheverly	f outside corporate limits, write RURA	Dead on arriva			RURAL and give nearest town)
d. NAME OF HOSPIT	TAL OR INSTITUTION (If not	in hospital, give street address)	d/STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince Ge	eorge's Genera	1 Hospital	5705 22nd	d Avenue	YES NO
3. NAME OF DECEASED (Type or print)	I.loyd	Ne Mayber	Lost	4. DATE Mont OF DEATH MARCH	20 Year 1958
5. SEX		WARRIED NEVER MARRIED 8.	January 10	9. AGE (In years last huthday) 63 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION during most of working Pressma	ng life, even if retired)	10b. KIND OF BUSINESS OR INDUSTI Bureau of Engravi			U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		•
Charles Ma	yberry		Lillie	Winter	
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES (If yes, give war or dates at service W.W. 1		iformant ita Giles Ma	yberry, same a	44 1 = 0
Conditions, if o gove rise to immed (o), stoting the couse lost.	diote couse	Cardiovascular re	mal disease		
PART II. OTH		ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NALDISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
	NTRIBUTING []	SCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Port	f or Port I) of item 18.)	
20c. TIME OF INJU Hour e. m. p. m.	RY Month, Doy, Year 19	20d. INJURY OCCURRED 20e. PLAC White Not white factor of work of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
opinion deoth  ACTUAL SIGNATURE  EXAMINER'S	resulted from: National Nation	the remains described about a causes . Accident [	, Suicide , H	Iomicide, Undete	DATE SIGNED
NAME (Type)  220. BURIAL, CREMATIC	James I. Boyo	Inc. MANE OF CENTERS OF	DEPUTY MEDICAL E	XAMINER 22 M3 22d. LOCATION (City, town,	or county) (Stole)
BuriaTcify)	3/24/19	Fort Lincoln		70	ges County, Md.
The S.H.		901 lith St., ashington 9.D.	W. Z40. REC'D MAI DATE		STRAK'S SIGNATURE

MEANCAND STATE DEPARTMENT OF HEALTH-VARTIMORE TO

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DECENTED

VS. AISME(S) 5M 9/55

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Pr. Georges

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  3709— Andover Place S.E.	1 d. STREET ADDRESS 3709- Ando	ver Pl. S.E.	e. IS RESIDENCE ON A FARM?
3. NAME OF First Middle (Type or print) JOHN FRANCIS Me K	ENINA Lost	4. DATE Month OF March 2nd.	Day Yeor 19 58
S. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years   IF UNDER	TYEAR IF UNDER 24 HRS.
A A S A S A S A S A S A S A S A S A S A	une 13th 190	2 lost birthday) Months (	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired  U.S. Gov.	Washingt	on, D.C. U	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME	
Timothy F. McKenna	Margaret	Jane Darnery	
(Yes, no, or unknown)   Iff yes, give war or dates of service)	FORMANT Helen A. Mc	Address	•
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	zes culo	refrent far	INTERVAL BETWEEN ONSET AND DEATH  12 PG 2 PG 2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTIONS			PERFORMED? YES NO
	E OF INJURY (Hame, farm, ry, street, office bldg., etc.)	20f. (City or town) (Cour	nty) (Stote)
21. I certify that I toak charge of the remains described above death resulted fram: Natural causes , Accident , Suice	e, held an Autapsy ide, Hamicide		
ACTUAL SIGNATURE TO STAND STAN	M.D. CHIEF MEDICAL EXA	L EXAMINER []	DATE SIGNED
220. BURIAL CREMATION, REMOVAL (Specify) Burial  March 4-1958  Cedar Hill Cem		22d. LOCATION (City, town, or county) Suitland, Maryland	(State)
28/FUNERAL DIRECTOR'S SIGNATURE 1661 ADDRESS Hope Washington, 20,	Road SE 240. REC'D D.C. DATE	BY REGISTRAR 24b. REGISTRAR'S SIGNMAR 4 153	Such

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3646 CERTIFICATE OF DEATH

9919	CERTIFICA	IL OI DEATH	Reg. D	ist. No.
1. PLACE OF DEATH O. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE Maryland	b. COUNTY Prin	nce before admission) ace Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Mount Rainier	c. LENGTH OF STAY IN 16  16 yrs.		corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospitat, give street OR INSTITUTION 4209 Russell Avenue	oddress)	d. STREET ADDRESS 4209 Russel	1 Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) FRANK	(NMN) Mc	DUATIT	ATE March 7th	Day Year 19 58
Male White widow	ED DIVORCED	Feb.7th, 1895	lost bighdoy) Months	R 1 YEAR IF UNDER 24 HRS.  Doys Hours Min.
00. USUAL OCCUPATION (Give kind of work done lob. during most of working life, evan if retired)  Railway Mail Ulerk  U	S.Post Office			TIZEN OF WHAT COUNTR
3. FATHER'S NAME John McPhaul		14. MOTHER'S MAIDEN NAME Frances	Fitzwilliam	
[Yes, no_or unknown]   (If yes, give wor or dates of service)		·Kathryn McPl	naul, 1434 Han	rvard St.N.
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.  Conditions, if any, which gove rise to immediate couse (b), stating the under-lying couse lost.  Conditions, if any, which gove rise to immediate (b).  Conditions, if any, which gove rise to immediate (c).  Conditions, if any, which gove rise to immediate (b).  Conditions, if any, which gove rise to immediate (c).	teriosilerotic eterioscleros	heart disea is, genera	se	Yed Ls
CATIC		. (Enter noture of injury in Port I	or Port II of item 18.)	PERFORMED? YES NO 2
20c. TIME OF INJURY Month, Day, Year While Hour a. jn. 19 While of wor	Not while toch	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	. (City or town)	(County) (State)
21. I certify that I attended the decease alive on MAR 7, 192  ACTUAL SIGNATURE FOR BY	an h. M		7, 1928, that I fram the causes and an I ess (Street, city or town, state)  DRENNAN  7., N.E., WASH	lost saw the decease the date stated above DATE SIGNE (R) MD 3/1
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Spacify) 3-11-19-58	22c. NAME OF CEMETERY OR ARLINGTON	CREMATORY 22d.	LOCATION (City, town, or county) FTMYER	(State)
23. FUNERAL DIRECTOR'S SIGNATURE W. W. Chambers Company,	Washington,	D.C. 24a. REC'D BY J	REGISTRAR 24b. REGISTRAR'S SI	GNATURE

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Control of the American Control of the Control of t	
Company A Company Comp	warts vie (13 s) vie 1005.
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collision and a representation of the collision of the co	Leaded of mide
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CERTIFICATE OF DEATH

		4			ceg. Dist. No.
1. PLACE OF DEATH o. COUNTY Prince	George	MARYLAND	2. USUAL RESIDENCE (Who. STATE	nere deceased lived. If institutions b. COUNTY	Residence before admission) Prince corre
b. CITY OR TOWN (IF RURAL and give ne	outside corporate limits	s, write c. LENGTH OF STAY IN 16  3Months 271		outside corporote limits, write RUR	
OR INSTITUTION	AL (If not in hospitol, given representation)	ve street oddress)	d. STREET ADDRESS 612-62nd Pl	/	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Kath		Melowick	4. DATE Month OF DEATH MARC	ch 31 Yeor 19 58
5. SEX Female	1000-2-4-	7. MARRIED NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH	1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATIO during most of work	N (Give kind of work di ing life, even if retired)	one 10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	mery x	Butter	14. MOTHER'S MAIDEN N	IME MUM	
15. WAS DECEASED EVER	N U. S. ARMED FORCE If yes, give wat or dates of ser	huisel	INFORMANT Valter Melowic	h(Husband) Sam	e as above
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	rise per line for (o), (b), and (c).]	is see. for	lat. hydroth	INTERVAL BETWEEN ONSET AND DEATH
gove rise to in couse (o), stoting t lying couse lost.	nmediote (	to Plura	è lari	nomatros	
CATIC	ER SIGNIFICANT COND	OITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition given	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
O (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in f	Port 1 or Port II of item 18.)	
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	r 20d. INJURY OCCURRED 20e. P While Not while of work of work	LACE OF INJURY (Home, form octory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify the alive an ACTUAL SIGNATURE	or I attended the con- 21	1 1/2			that I last saw the deceased d on the date stated above DATE SIGNE
PHYSICIAN'S / K	VIN M	GRASSGRE	EN MD.	Int. Ras	ner fled
220. BURIAL, CREMATION BUENQUAL ISpecify)	22b. DATE THEREOF 4-3-5			22d OCATION (City, lown, or Colmar Man	county) (State)
23. FUNERAL DIRECTOR'S	SIGNATURE	AMAGO MICENO LICA.		D BY REGISTRAR 246 REGISTRAPE 3 '58	PAR'S SIGNATURE

CERTIFICATE OF DEATH

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BUREAU V. E.

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## FOR STATE HEALTH DEPT.

necessary, please director. Page. your files. TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is n execute the certificate, writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 ta the funeral 4 should be arded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL. CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3685 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03689

	PLACE OF DEATH	Prince Geor	ge's MAR		USUAL RESIDENCE	(Where deceo		oution: Resider		
t	Riverdal	If outside corporate limits, write RU(n).	D.O.A.		c. CITY OR TOWN					
		tal or institution (if ne lemorial Hos)	ot in hospital, give street addre	252)	d. STREET ADDRESS		a Stree	t	10	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	Russe:			Menzer	4. DATE OF DEATH	March		Doy	Yeor 1958
5. 5	Male	1372	MARRIED NEVER MARRIE		ch 14, 1	.918	9. AGE (In years lost birthday) 39 yrs.	44 4	YEAR IF UN Days Hours	T
100	LUSUAL OCCUPATE during most of working Agent	ON (Give kind of work don ng life, even if retired)	Teamsters Un:		1. BIRTHPLACE (SIG	127			S.A.	T COUNTRY?
13.	FATHER'S NAME	Richard E.	Menzer	14.	MOTHER'S MAIDEN		Ferrell			
15.  Yes	WAS DECEASED EV	/ER IN U. S. ARMED FORCE (If yes, give war or dales of servi		Ora	T. Menz	er (Wi	fe) Sa	ame as	# 2	1936
ATION	Conditions, if condit	underlying DUE TO	Cardiovasc	ular r	enal dise	ase	E CONDITION GI	VEN IN PART		AUTOPSY ORMED? NO
CERTIFICATION	200. EXTERNAL CA PRIMARY O or CO CAUSE OF DEATH.	NTRIBUTING 🗆	DESCRIBE HOW INJURY OCCU	RRED. (Enter i	olure of injury in P	ort I or Port It	of item 18.)		1.00	NO 32
MEDICAL	20c. TIME OF INJU Hour o.m. p.m.	19	20d. INJURY OCCURRED 2 While Not while ot work at work	toctory, s	reel, office bldg., e	otc.)		(Coun	ly)	(Stote)
	apinion death		the remains described tural causes 🔼, Accident		Suicide	Hamicide			anner 🔲	nd in my
	EXAMINER'S NAME (Type)	John T. Mal	oney, M.D.	M.(	ASSISTANT MEDICAL DEPUTY MEDICA	ICAL EXAMINE		h 7, 1	.958	
23.	BURIAL, CREMATIC REMOVAL (Specify Burial FUNERAL DIRECTOR W. Chamb	3/10/1958	ADDRESS	coln	Cemeter		ION (City, town,		Geo. C	2.0
-	• H • OITEIII D	or a company	y, miverdate	, -u.	DATE	MAR 1 1 "	58 Qu	Leave	ch	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALLIMORE, 10
355 MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

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Alexander combine infigural introduct bankol Russell THE PARTY OF THE P The State of the Late of the L Javia And the land to the state of th Horna M. Ferrell Cura C. Manager (Mith) Same and I had mental commence with the second commence A.V. UAAAAUA 8367 TT 868 death - John V. Maleney, M. J. M. - De 

# HEALTH DEPT

Page files. Heolth, d 3 to the funeral dires may be retained to 2 with the State Bo. ours after death. and e 5 m in pencil in Item 18. Give Pages 1, 2, ar ner's Office along with form PM3. Page burial-transit permit. File pages 1 and or removal, and in any event within 72 h Chief Medicol E 3 should be used to buriol, crem ded OR: 9 - 5

rificote should be executed "pending" in pencil in Hen sicol Exominer's Office olor e used as a burial-tronsit p MEDICAL shauld FUNER 40

3636 PLACE OF DEATH a. COUNTY

Cheverly

Prince Georges MARYLAN b. CITY OR TOWN III outside corporate limits, write RURAL

c. LENGTH OF STAY IN 1

D.O.A.

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

2 HELLAL DESIDENCE DATE ----

D		b. COUNTY Montgomery						
0	c. CITY OR TOWN (If autside carporate	limits, write RURAL and give nearest lawn)						
	Laurel	15 x - 2						

e. IS RESIDENCE ON A FARM?

12. CITIZEN OF WHAT COUNTRY? U.S.A.

ONSET AND DEATH

NO

(State)

DATE SIGNED

d STREET ADDRESS Box 46. Route 2.

Prince Georges General Hospital YES INO DO Middle DECEASED 1058 23. (Type or print) Adolph Sylvester Mander. DEATH March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Hours Davs Male white WIDOWED | DIVORCED T

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Automobile Maryland Mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Alice E. Dudley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Bet. W.W.2 & Yes 577-34-6128 David Dudley; Beltsville, Md. Cousin. 18. CAUSE OF DEATH [Enter thry one cause per line for (a), (b), and (c).] INTERVAL BETWEEN

PART I. DEATH WAS CAUSED BY Hemorrhage and shock IMMEDIATE CAUSE (a) DUE TO

Shotgun wound of arm and chest

gave rise to immediate cause DUE TO (o), stating the underlying cause last.

Conditions, if any, which

NAME (Type)

Burial Burial

23. FUNERAL DIRECTOR'S SIGNATURE

Gasch's Sons

Adolph S. Minder, Sr.

PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES 📆

20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item \$8.) Shot during a family argument.

20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, While of wark of work

20f. (City or town) factory, street, office bldg., etc.) House

Gambrils. Mnn Arundel Md. 21. I certify that I tack charge of the remains described above, held an Autapsy XI. Inspection XX. Inquiry XI.

opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner

ACTUAL SIGNATURE EXAMINER'

3/26/58

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

March 23. 1958

(County)

John T. Maloney, M.D. 220. BURIAL, CREMATION, 226. DATE THEREOF

Cedar Hill Cemetery

22d. LOCATION (City, town, or county)

Suitland, Md.

240. REC'D BY REGISTRAR 58

Hyattsville. Md.

ADDRESS

DATE

VS. A15ME 5M 2/57

MERYLAND STATE OF BEAUTH OF HEALTH, SALDWONE 18
WERVEAND STATE OF DEATH

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LALTH DEPT.

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		Page no		of all all and	of.
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	yether	soft) C		E. Maon, Sr.	Adelph
		CONTRACT LANGE			
•11/12/01 vd.	L ealthwater	£ 4	when your thank the		
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.n/wool .s		ploatin	ी। तुः विकास	TO PRESENT	
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uneral directar, d be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.: Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECAR: After this certificate has been signed by the attending physician and campletely filled in by in page 3 shauld it has boried for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior ta burial, crematian, ar remaval, and in any event within 72 hours after death.

	3732	CERTIFIC	ATE OF DEATH		Reg. Dist. No. ()3691
1. PLACE OF DEATH o. COUNTY	ce Reony	es MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceosed lived. If institution b. COUNTY	Residence before admission) PRINTEGEO 1925
b. CITY OR TOWN (If outsing RURAL only give neorest of the control	de corporgle limits, write lown 7 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	c. LENGTH OF STAY IN 16  3 clays oddress) sing Home	c. CITY OR TOWN (IF OF CALL)  d. STREET ADDRESS	utside corporate limits, write RU He, Uppfer T a Pia TIS	PRAL and give-nearest town)  4 ar Uttz THU  e. IS RESIDENCE ON A FARM? YES NO CT
3. NAME OF DECEASED (Type or print) \$ .0 5. SEX   16. C	First  REN  OLOR OR RACE 7. MARRI	Cley en	Lost MOON 2	4. DATE Mont	
Thale, 2	white WIDOWE	D DIVORCED	anz 23/8	12 lost birthdoy)	Months Days Hours Min.
Pal MLER	ive kind of work done 10b. ite, even if retired)	own Busin	STRY 11. BIRTHPLACE (State of	Georges Co	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME WILLAM	Moore		78ansde	11, 74 AR	Y
1S. WAS DECEASED EVER IN L [Yes, no, or unknown] (If yes,	J. S. ARMED FORCES? give wor or dates of service)	SOCIAL SECURITY NO. 17.	MAZIE CORE	na Kedlick	Mountain i,
PART I. DEATH W.	EDIATE CAUSE (a)	e for (a), (b), and (c).]	ine carden	a failure	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, w gove rise to immed code (a), stating the un lying cause lost.	liote (	veraflirle ceular	Noval de	o Cardio	5 years
CAT	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	nal disease condition give	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CA	DERLYING   20b. DESC AUSE OF DEATH CAL EXAMINER)	RIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in P	art I or Part II of item 18.)	
20c. TIME OF INJURY Mo Hour a. m. p. m.	While		LACE OF INJURY (Home, farm, actory, street, office bldg., etc.)		(County) (State)
21. I certify that I alive an Marsh	attended the decease	37			that I last saw the decease and an the date stated above DATE SIGNE 3/5/5
PHYSICIAN'S PAL	RP CUAK	VALLA	Wash	ungton 2	825-
220. BURIAL, CREMATION, 22 REMOVAL (Specify) BUTIAL	26. DATE THEREOF	Epiphany C	or CREMATORY  emetery	22d. LOCATION (City, town, or Forestville	
23. FUNERAL DIRECTOR'S SIGN	vature os. Funeral	ADDRESS M			FRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH-BALLIMORE, 1

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BUREAU K. K.

8291 SI AAM



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3687 **CERTIFICATE OF DEATH** with director. hours after death. Page 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY ed Mary land Prince George MARYLAND Prince George b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h RURAL and give nearest town) Cheverly days Washington, 23 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION rince George General 5115 Shaday Side Ave. 5 NAME OF First Middle Lost 4. DATE filled DECEASED (Type or print) Dated DREIL Murphy DEATH within 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH White Mal a WIDOWED [7] DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY RIRTHPLACE (State or foreign country) eoth. during most of working life, even if retired) pup de Ď offee 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Car physician mave hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT attending death 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 3 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hanatic Coma DUE TO Conditions, if ony, which Cirrhosis of the Liver gove rise to immediate per DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) SD 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Doy. Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) While Not while al work of work p. m 21. I certify that I attended the deceased from and that death occurred at 2:50p M, from the causes and an the date stated above. alive on OR: ACTUAL SIGNATURE

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO K Month Day Yeor 15 8 March 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS loss bythday) Months Days yrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address MITERVAL BETWEEN ONSET AND DEATH 3 darra months PERFORMED? YES NO (County) (State) that I last saw the deceased ADDRESS (Street, city or town/state) DATE SIGNED 22d. AOCATION (Gity, town, or (State) 24b. REGISTRAR'S SIGNATURE 158

Reg. Dist. No.

03692

FUNER page VS A15 (4) 1SM 10/S7

RAL

PHYSICIAN'S

NAME (Type)

220. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

22c\_NAME OF CEMETERY OR CREMATORY

DATE

ADDRESS

CENTIFICATE OF DEATH

11

0.1.

BUREAU V. S.

with white

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DECENDED

## FOR STATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for consider the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for our files.

TO FUNERAL D. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Book of Health, or its designated agent, prior to burial, cremation, ar remayal, and in any event within Z2 hours after death. M

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 03693

1. PLACE OF DEATH COUNTY Prince George's MARYLAND							
b. CITY OR TOWN (if outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 Pund give nearly form)  Cheverly  Cheverly  Cheverly	c. CITY OR TOWN (If autside corporate limits, write RURAL and Seat Pleasant	give nearest tawn)					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Prince George's Hospital	d. STREET ADDRESS 304 Carmody Hills Drive	e. IS RESIDENCE ON A FARMS YES NO PA					
3. NAME OF DECEASED (Type or print) SIMON First MUSHKAT	Lost 4. DATE Month OF DEATH March	16 19 58					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 White WIDOWED DIVORCED	7 /00 /00	1YEAR IF UNDER 24 HRS. Days Haurs Min.					
100. USUAL OCCUPATION (Give kind of wark done defended)  10b. KIND OF BUSINESS OR INDUST GOVERNMENT	TRY 11. BIRTHPLACE (State or foreign country) 12. CITI RUSSIA U.	ZEN OF WHAT COUNTRY					
13. FATHER'S NAME  VALLE ZALMAN MUSHKAT	14. MOTHER'S MAIDEN NAME GITTLE MUSH						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? ("TUS" unknown) ("TWIT" wor or dates of service) 16. SOCIAL SECURITY NO. 17. II		E.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  BIG X  DUE TO	shock	INTERVAL BETWEEN ONSET AND DEATH					
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.  (b) Crushed chest as UPE TO	nd fracture of the skull						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY PERFORMED? YES NO					
206. EXTERNAL CAUSE WAS PIMARY FO or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (E CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED   20e. PLA Hour, o. m.  While Not white foct	Enter noture of injury in Port I or Port II of item 18.)  sobile that was in an head on col  CE OF INJURY (Home, farm, 20f. (City or fawn) (Cou- fory, street, office bidg., etc.)  dison Road Seat Pleasant P.	nly) (State)					
21. I certify that I took charge of the remains described obo opinion death resulted from: Natural causes , Accident [  ACTUAL SIGNATURE    EXAMINER'S NAME (Type) James I. Boyd	ove, held on Autopsy . Inspection I, Inquir	y X, and in my					
220. PUNERAL DIRECTOR'S SIGNATURE 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town for county)  AGL  24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	(Slote) NATURE					
Golding tuneral April 4217-9	9- Kechate MAR1 8 '58 alleled	ich					

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VS A15 (4) 15M 9/55 I

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		MAKI	733	CERTIF	FIC	ATE OF DEATH		IIMOKE, I	Reg. Dis		3695
1.		rince Georg		MARYL		2. USUAL RESIDENCE (WHO O. STATE	ere deceased	lived. If institution b. COUNTY			ission)
	Glenn Dal	e (rural)		22 mos &	N 16		ington	11.6	X-3		
		Glenn Dale	Hospi	tal		d. STREET ADDRESS	R. St.	, N. W.	#205	ON	A FARM?
	NAME OF DECEASED (Type or print)		nest	Middle J.		Norman	4. DATE OF DEATH	Mon	th 3	00y 5	Year 19 58
	Male	White	WIDOWED	band .		8. DATE OF BIRTH 6/22/1893		9. AGE (In yeors lost birthday) 6) yrs.		Days Hour	
	Packe	orking life, even it refired		odvard & Lo		1	nd	untry)	12. CITI	ZEN OF WHA	AT COUNTRY
		e Norman				14. MOTHER'S MAIDEN N					
15	. WAS DECEASED EV es, no. or unknown) NO	FER IN U. S. ARMED FOR III yes, give wor or dates of s	ervice)	ocial security no. Unknown	17. 1	Decedent		Addr	ess		
	PART 1. DE  OO 2 ×  Conditions, if gove rise to couse (o), stoting lying couse lost	the under-	Pulr	monary tube						interval i	D DEATH
CERTIFICATION	Intesti 200. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	ther significant con nal obstruc vas underlying () g () cause of death y medical examiner)	tion.	etiology u	inde	not related to the termined: syn etermined: chr of the relation of the synthetic heart disease	drome, conic (	rganic r	y und	et yes	NO [
MEDICAL	20c. TIME OF INJU Hour o. jn. p. m.	10		URY OCCURRED 2 Not while	Oe. PL	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City			ounty)	(Stote)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the 3/5/ Moe Weis	1258 NG 5, M.	in and that o	7	M.D. Glenn	_M, fram ADDRESS (Str	the causes a eet, city or town, s Hospital	nd an the	e date sta	e deceased ted above DATE SIGNED /58
é	BURIAL, CREMATI	2 3-8-	58	22c, NAME OF CEMET	ERY O	R CREMATORY COULT	22d. LOCATI	ON (City. town, o	r county)	n, K	()
23.	Mattine	R'S SIGNATURE	ral	Home 1	31	-1/th SE DATEANNE	BY REGISTR	100	TRAR'S SIGN	NATURE	

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## CERTIFICATE OF DEATH

Made District

TRANSPORTE OF STREET OF STREET

BUREAU K. E.

8261 S.I 9AM



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Frankrich (1973)

FOR STATE HEALTH DEPT.

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of, director. Page of Hear TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral. 4 should be "warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B are its designared agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 8M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 36 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03696

						Reg, Dist. P	10.
D. COUNTY	Prince Geo	Tges Maryland	O STATE M	ICE (Where deced	sed lived. If institut b. COUNTY	-	
and give nearest low		c. LENGTH OF STAY IN 16		NN (If outside cor	porote limits, write	RURAL and give	nearest lawn)
	verly	in hospital, give street address)	d. STREET ADDR		5		e IS RESIDENCE
	eorges Genera		5100		lis Road		ON A FARMS
3. NAME OF							
DECEASED (Type or print)	John First	Anthony Nor	myle	4. DATE OF DEATH	March	28,	19 <b>58</b>
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER TYEA	the same of the sa
Male	white w	DOWED DIVORCED	4-1-82		75 yrs.	Manths Days	Hours Min.
100. USUAL OCCUPAT during most of work Salesman		10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign	country)		OF WHAT COUNTRY
13. FATHER'S NAME		FIRMO	Mass.	DENI NIAME		U.S	·A·
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	hael Normyl			atherine	-0602-03	3/ Jon	Lawy
15. WAS DECEASED E	VER IN U. S. ARMED FORCES	\$? 16. SOCIAL SECURITY NO. 17.	INFORMANT		Address		7
			in G. Normy	70 1.801.	Edgamone	Lone	Bethesda.
	ediate cause underlying DUE TO (c).  THER SIGNIFICANT CONDITION	Cardiovascular	NOT RELATED TO THE	TERMINAL DISEAS		EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	ONTRIBUTING 🔲	PESCRIBE HOW INJURY OCCURRED.	Enter nature of injury	in Part I ar Part !!	of Hem 18.)		
20c, TIME OF INJU		20d. INJURY OCCURRED 20e. PL While Nat while of work at work	ACE OF INJURY (Home ctory, street, office bldg	, form, 20f. (Cit g., etc.)	y or lown)	(County)	(State)
21. I certify t	that I took charge of	the remains described ab	ove, held an Au	topsy [], I	nspection M,	Inquiry	, and in my
opinion death	resulted from: Nat	tural causes . Accident	☐. Suicide ☐	7. Hamicide	D. Undeter	mined man	ner []
0		1				ca man	
ACTUAL SIGNATURE	ohn J. Tr	laloney	M.D.	CAL EXAMINER		h 28	1958
EXAMINER'S NAME (Type)	John T. Male		DEPUTY MED	DICAL EXAMINER	- Illat C.	209	2770
Bur Trai	on, 226. DATE THEREOF	St. Pauls		Arl	ington, Ma		(State)
3. FUNERAL DIRECTO		ADDRESS 1	Bethesda 240.	. REC'D BY REGIS	TRAR 24b. REGIS	TRAP'S SIGNATI	URE
Robert A.	Pumphrey-	7557 Wis. Ave., I	Maryland	- MAR 3 1		1	1

## MARKYLAND STATE DEPARTMENT OF REALTH-BALTHORS. - STARSBECAL EXAMINER'S CERTIFICATE OF DEATH

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Mr. All	
OBAIDS MECEINED	

B	3734 CERTIFICATE OF DEATH	j. Dist. No. 0000
M	1. PLACE OF DEATH  o. COUNTY. PRINCE GEORGE MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institutions Re o. STATE  b. COUNTY	sidence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  RURAL ond give nearest town)  RURAL - LAUREL	and give nearest town)
00	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) ANTON BERNARD OSTMANN DEATH MARC	Day Year 1958
	5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Mon 2 yrs. Mon	NDER 1 YEAR IF UNDER 24 HRS.  Oths Days Hours Min.
	during most of working life, even if retired) SAFEWAY MARKET WASH. D.C	CITIZEN OF WHAT COUNTRY
	ANTON OSTMANN 14. MOTHER'S MAIDEN NAME ELIZABETH NOTIE	
9 7/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Yes, no. or unknown; (If yes, give were or dates of service)  577-22-0975 Wife: MARYC- SAME	ADPRESS
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CORDNARY OCCLUSION	ONSET AND DEATH
, no	Conditions, if ony, which gove rise to immediate (b) CORDNARY THROMBOSIS	2 MINUTE
9	coese (o), stoting the under- lying couse lost.  DUE TO ARTERIOSI EROSIS	YEARS.
O O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
5	206. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While Not while of work of work of work 19 19 20e. PLACE OF INJURY IHome, farm, 20f. (City or town)	(County) (Stote)
burial, cr	21. I certify that I attended the deceased fram Feb 11, 1958, to MIR 9, 1958, that alive on MRCH 8, 1958, and that death accurred at 839 M, fram the causes and a	at I last saw the deceased
2	ACTUAL SIGNATURE M.D. 462-MAIN ST-Laurel	Del 3/9/S
	PHYSICIAN'S DOHN R. BUELL	
The registrar	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or countries) 3/3/58 St Mays em. Lawel 1	Maryland
17	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR 246. REGISTRAR 246. REGISTRAR 246. REC'D BY REGISTRAR 256. REC'D BY RE	SSIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 9 FilmG226 3-17-58 et CERTIFICATE OF DEATH

3691

Reg. Dist. No.

03699

Prince (	eorge		MARYLAND	o. STATE Marylan	NUE (Where decease	b. COUNTY	ince Ge	orge	sion)
	f autside carporote lim	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corp	orote limits, write F	RURAL ond give	nearest town	n)
Cheverly	7		3 days	Capitol	Heights	36			
OR INSTITUTION	AL (If not in hospitat, g		oddress)	d. STREET ADD		1	louvey!		FARM?
Prince	deorge Gene	ral		1 750 - 0	2nd Place			YES	] NO [
3. NAME OF DECEASED (Type or print)	Ral		Middle	Palmer	4. DATE OF DEATH	Mor Mar		-	Yeor 19 58
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years			
Male	White	WIDOW		Oct-26	. 1872	lost birthdoy) 86 85 yrs.	Months Day	s Hours	Min.
10a. USUAL OCCUPATIO during most of work	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLAC	E (State or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S M	AIDEN NAME	V-1-3		-	,,,
Ţ	Inknown				Inknown				
1S. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. ervice)	SOCIAL SECURITY NO. 17.	INFORMANT		Add	Iress		
	TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	ne for (a), (b), and (c).]	gestin	Hear	f Fas.	· less	NTERVAL BE	
Conditions, if a gave rise to it cause (a), stoting lying cause last.	my, which (b) mmediate the under-	19	ith and	erotic	Hear	Hise	ase		
	) (c	1	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO TH	HETERMINAL DISEA	SE CONDITION GIV	VEN IN PART 1(o)	PERFC	AUTOPSY DRMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of in	njury in Part I or Pa	rt 11 of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	20d. If While at war	Nat while	PLACE OF INJURY (Ha actory, street, office b	me, form, 20f. (Cit	y ar town)	(Count	<b>'y</b> )	(Stote)
21. I certify th	at I attended the	deceas	ed from File. A	10 , 1958,	10 March	8 , 196	2, that I last	saw the	deceased
alive an 170	nd 7	19.3	2 ,, and that deat	h accurred at 12		m the causes of			ed above
ACTUAL SIGNATURE	war s	Re	nus	M.D. Pri	Geo. Gen.	Hosp., C	heverly	, Md.	
PHYSICIAN'S NAME (Type)	eter Dirus								
22a. BURIAL, CREMATIO REMOVAL (Specify)	12MAR	2/9	22c. NAME OF CEMETERY	AR HIL	/ 22d. 10C	TION (City, town,	ar county)	(Stot	e)
23. EUNERAL DIRECTOR	S SIGNATURE	121 11-	ADDRESS (	6-413	RECOBY REGIS	TRAR 246 REGI	STAR'S SIGNAT	TURE	
THE LEWIS	169	-	76	7.07	· · · ·		PRALL	4	

CERTIFICATE OF BEATH

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Approving resemble

- Joseph Acces

BUREAU V. E.

NAR 13 1958

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**CERTIFICATE OF DEATH** Reg. Dist. No. director, death. Poge 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY Filed b. COUNTY MARYLAND ecr40 erol b. CITY OR TOWN (If outside corporate limits, writer c. LENGTH OF STAY IN 16 be c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) RURAL and give negrest town) hours after d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First DATE Middle Month Yeor Doy (Type or print) DEATH 19.50 5. SEX 9, AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH Months Doys Hours Min. DIVORCED T WIDOWED [7] 100. USUAL OCCUPATION (Give Ind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Arme 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address buipu 72 18. CAUSE OF DEATH [Enter only one couse per-line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) that the DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (Stote) (County) factory, street, office bldg., etc.) Haur o. m Not while at work at work 21. I certify that I oftended the deceased from / Y , 1958, that I lost saw the deceased , and that death occurred of 5130 A.M. from the couses and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE may be reta PHYSICIAN'S BULLE NAME (Type) 226. DATE THEREOF 22d. LOCATION (City, town, or county) 220. SURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (Stote) BUTIAL (Specify) Holy Family Cemetery Woodmore, Maryland 0 23" FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR 30 H Street, N.E. VS A15 (4) 15M 9/55 DATE IAD 2 7 158

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH V UAZRUE 8361 40 AVVI 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03700MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Reg. Dist. No. EALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY Heolth, MARYLAND files. c/LENGTH OF STAY IN 16. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 6 OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO N Stat NAME OF Middle 4. DATE DECEASED (Type or print) DEATH B. DATE OF 9. AGE (In years IF UNDER TYEAR 5. SEX 7. MARRIED NEVER MARRIED Months WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? oge during/most of working life File poges 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME form 60 × 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMAN (If yes, give wor or doles of service) 18. CAUSE OF DEATH [Enter only one cause per\_ling for (o), (b), and (c). CINSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? 0 NO C 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (Cit (County) (State) factory, street, office bldg., etc.) While Not while of work 21. I certify that I taak charge of the remains described above, held an Autopsy [ and in my Inspection TOR: Accident 1 Suicide . Homicide . Undetermined manner apinion deoth resulted fram: Natural causes | DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) 0 ane 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR Inc. 1756 Pa. Gawler's Sons 5M 2/57

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BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR A may be retained b TO FUNERAL DIRECT page 3 should the registrar prior

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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0.	ACE OF DEATH	Georg	e_s	MARYLA	- 11	o. STATE MA	ere deceased li	ved. If institutions b. COUNTY	Residence b		rge
b.	RURA Cand give	(If outside corporate/lim nearest town)	its, write c.	152 Sar	1b わ. 2	5 RIVE	v dd	e limits, write RUR	AL ond give	nearest fow	(n) <sup>1</sup>
d.	NAME OF HOSP OR INSTITUTION	TTAL (If not in hospital,	eive street odd	, 1 / V	2572	d. STREET ADDRESS 4708	Sh	eridas	nSf	ON	SIDENCE A FARM?
DE	AME OF CEASED ype or print)	Pri	e R	ita Eu	19	Price	4. DATE OF DEATH	Month 3	1	Doy 9	Year 19 5
5. SE	×F	6. COLOR OR RACE	7. MARRIED WIDOWED [	DIVORCED		1-31-3	8 9.		Nonths Doy 1 8		
	USUAL OCCUPAT during most of wo Typist	ION (Give kind of work orking life, even if retired	)	of Business Or aders Loa		Washing			12. CITIZEN		T COUNT
	MER'S NAME	tson b	Pr	100		4. MOTHER'S MAIDEN N Made		U. S	Scho	ff	er
(Yes, r	AS DECEASED EN	/ER IN U. S. ARMED FOI (If yes, give war or dates of	service)	CIAL SECURITY NO. 9-34-7960	17. INFO	RMANT LOS	P	Peco y	1/		
1		EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c		or (o), (b), and (c).	nati	a Heart	deise	me	l d	STERVAL B	ETWEEN DEATH
	Conditions, if gove rise to couse (o), stoting lying couse lost	g the under-	)()								
CERTIFICATION	Porm	ary la	anim	na-Par	crea			g/	I IN PART 1(o	PERF	AUTOPSY ORMED? NO
	OR CONTRIBUTIN	VAS UNDEŘLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY OCC	CURRED. (E	Enter noture of injury in F	Port I or Port II	of item 18.)			
MEDICAL	Oc. TIME OF INJU Hour o. m p. m.	. 10	ar 20d. INJU While of work	Not while_		OF INJURY (Home, farm, street, office bldg., etc.		town)	(Coun	ty)	(Stote
1	21. I certify of the control of the control of the control of the certify of the certific of t	that I attended the	deceased , 1958	7	49 leath ac	•		the causes and		date stat	
S	CTUAL CONTROL		lat	eci .	M.D.	Ku	ulk	dal	Me	13-	-19-
1	HYSICIAN'S HAME (Type) BURIAL, CREMATI	ION, 22b. DATE THERE	) / d	111 M	- J.	PENATORY	md LOCATIO	NI (Ch. A			
Βυ	REMOYAL (Specif	3/22/195	-	Mt. Olivet	ERT OR CI	REMAIURT	Washi	ington		D. C.	16)
	JNERAL DIRECTO bert A. I	Pumphrey-	7557W	is. Ave. Be	ethes	CALL 1	2 4 '58	R PAB. REGISTR	ar's signal	TURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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of Health

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2720MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03705

	9190				Reg. Dist. No.
1. PLACE OF DEA	Prince Georges	MARYLAND	11	(Where deceosed lived. If institution b. COUN	lution: Residence before admission) TY Pr. Geo.
and give near	WN (II outside corporate limits, write RUR) est town) Seabrook	c. LENGTH OF STAY IN 16		(If outside corporate limits, writ	e RURAL and give nearest town)
	OSPITAL OR INSTITUTION (IF not	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
9335			9335 1	Dubarry Avenue	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE Mon	
5. SEX	6. COLOR OR RACE 7.		mann DATE OF BIRTH	9. AGE (in years	12, 19 58
Male		OWED DIVORCED	11-1-1874	last birthday) 83 yrs.	Months Days Hours Min.
10a. USUAL OCCL	JPATION (Give kind of work done working life, even if refired)	10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (SI	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
-	d carpenter	Construction	German	av	U.S.A.
13. FATHER'S NA	ME		14. MOTHER'S MAIDER	NAME	
740	Unknown		Unl	known	
	ED EVER IN U. S. ARMED FORCES		FORMANT	Addres	\$
(Yes, no, er unknown)	(If yes, give war at dates of service		argaret A. 1	McClelland; sam	e address as #2
974	DUE TO	Strangul	lation		INTERVAL BETWEEN ONSET AND DEATH
gove rise to	if ony, which (b) immediate couse the underlying DUE TO	Hanging			
couse lost.	(c)				
PART II		NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	RMINAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	L CAUSE WAS 20b. DE CONTRIBUTING 1	SCRIBE HOW INJURY OCCURRED. (E  Hanging	nter nature of injury in t	Part I or Part It of ilem 18.)	
3 20c. TIME OF		20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, fo	orm, 20f. (City or tawn)	(County) (State)
20c. TIME OF Hour X	3-12 1958	THE THE PARTY OF T	ory, street, office bldg., o		Pr. Geo. Md.
21. I certif	fy that I took charge of	the remains described abo	ve, held an Autor	proving .	, Inquiry X, and in my
		ral causes , Accident			ermined manner
ACTUAL SIGNATURE_	John J. n	naloney	M.D. CHIEF MEDICAL	EXAMINER [	DATE SIGNED
EXAMINER'S NAME (Type)	John T. Malone	y, M.D.		AL EXAMINER Marci	h 12, 1958
220. BURIAL, CREA REMOVAL (SC Buria)		22c. NAME OF CEMETERY OR Ft. Lincoln	CREMATORY	Colmar Manor	
23. FUNERAL DIRE	CTOR'S SIGNATURE	ADDR45739 Bali	to. Ave 240. RE	C'D BY REGISTRAR 246. REG	STRAR'S SIGNATURE
Francis	Gasch's Sons	Hyattsville,		AR 1 4 '58 CLU-	Leduch

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the certificate, writing the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral dir 4 should be for deat to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIA, TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo ar its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours ofter death. Page 4		direc	led	1
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				STATE DEPA				TIMOR	RE, 18		
			369	5 CERTI	FICA	TE OF DEA	TH		Reg	g. Dist. No.	03700
1.	Prince G	eorges		MARY	(LAND	2. USUAL RESIDENCE o. STATE Marylan			DUNIA	George	
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN		prote limits,			
	OR INSTITUTION	TAL (If not in hospitol, g		oddress)	ay s	d. STREET ADDRES					. IS RESIDENCE ON A FARM?
		eorges Gene				4216 (	Gallatin	St.,			YES NO
3.	NAME OF DECEASED (Type or print)	Newbold	st	Middle		Rose	4. DATE OF DEATH		March	Day 5	Year 19 57
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🔲 8.	DATE OF BIRTH		9. AGE (In last birt			IF UNDER 24 HRS.
	Male	White	WIDOW			1-6-24	75(5,115)	34	Lyes.		Hours Min.
100	during post of worl	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUST	Washing			12	U S A	WHAT COUNTRY
13.	FATHER'S NAME	rank J. R	ose			14. MOTHER'S MAID	nlcnown				表于特。
		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO		FORMANT Lry J. Ros	e Hva	ttevi	Address	ld.	
	4//X	DUE TO				coporado	100			0	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
RTIFICATION	Conditions, if of gove rise to it couse (o), stoting lying couse lost.  PART II. OTH	ny, which mmediate the under. DUE TO (c)  JER SIGNIFICANT CON  SUNDERLYING I	DITIONS	CONTRIBUTING TO DE.	re	y, w,	Hemo	Mi	292	1 PART 1(o) 19	. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	Conditions, if of gove rise to it couse (o), stoting lying couse lost.  PART II. OTH	ny, which mmediate the under. DUE TO (c)  JER SIGNIFICANT CON  SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS O	CRIBE HOW INJURY O	CCURRED.	y, w,	y in Part I ar Par	1 II of item	292	(County)	. WAS AUTOPSY PERFORMED? YES NO (State)
	Conditions, if o gove rise to it couse (o), stoting lying couse lost.  PART II. OTHER CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR HOUT o. m. p. m.  21. I certify the alive an	ny, which mmediote the under:  DUE TO (c)  JER SIGNIFICANT CON  SUNDERLYING    CAUSE OF DEATH  MEDICAL EXAMINER)  Y Month, Day, Yes	DITIONS DES	NJURY OCCURRED Not while	20e. PLAC	(Enter nature of injur (Home, pry, street, affice bldg, 19, ta,	form, 20f. (City, etc.)  OPMM, from ADDRESS (S	or tawn)	9,tho	(County)	YES NO (State)
MEDICAL	Conditions, if o gove rise to it couse (o), stoting lying couse lost.  PART II. OTHER CONTRIBUTIONS (IF EITHER, NOTIFY)  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify the alive an	pry, which mmediote the under:  JER SIGNIFICANT CON  SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year I attended the	DITIONS 120b. DES	NJURY OCCURRED NJURY OCCURRED Not while at at work  ded fram, and that	20e. PLAC facto	(Enter nature of injur  E OF INJURY (Home, bry, street, affice bldg. , 19, ta.  accourred at 7.25	form, 20f. (City, etc.)  OPMM, from ADDRESS (S. 2.8 #4.	or tawn)  or tawn)  on the cau treet, city or	9,tho	(County) at I last sa on the date	(State)  w the decease e stated above DATE SIGNE 3 - 5 - 5
MEDICAL	Conditions, if o gove rise to it couse (o), stoting lying couse lost.  PART II. OTHER CONTRIBUTIONS (IF EITHER, NOTIFY)  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify the alive an	ny, which mediate the under. DUE TO the under. DUE TO to the under. DUE TO to the under. CON GOOD TO	DITIONS 120b. DES	NJURY OCCURRED NJURY OCCURRED Not while at work sed fram, and that	20e. PLAC factor death of	(Enter nature of injur  E OF INJURY (Home, bry, street, affice bldg. , 19, ta. accourred at 7.25  Cottag	form, 20f. (City, etc.)  OPMM, from ADDRESS (S. 2.6 f./	or tawn)  on the cautreet, city or  Md.	9,tha	(County) at I last sa on the date	(State) w the decease

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BUREAU V. E.

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HEALTH DEPT.

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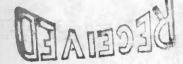
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MARYLAND STATE DEPART	TMENT OF HEALTH—BALTIMORE,	18
AT 30 MEDICAL EXAMINE	ER'S CERTIFICATE OF DEATH	Reg. Dist. No. 03707
	La Hettas permende aus la la la la de la	

	U ( 1) U						
1. PLACE OF DEATH G. COUNTY	Prince Geo	rge's MARYLAND	2. USUAL RESIDENCE (Where dece-		Princ		
b. CITY OR TOWN and give nearest to Oxon Hi		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside co	rporate limits, write f	RURAL and giv	re nearest tow	(n)
	PITAL OR INSTITUTION (If not		J. STREET ADDRESS				SIDENCE
6131 S	st. Barnabas	Road	6131 St. H	Barnabas	Road		NO X
3. NAME OF DECEASED (Type or print)	Albert	Jerome	Savoy Jean	March		Day Ye	9 58
5. SEX Male	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED 8	April 2, 1902	9. AGE [In years last birthday] 55 yrs.	Months Day		ER 24 HRS. Min.
during most of world Mercha	king life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign Maryland		12. CITIZEN	S.	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
Ll	welym Savoy		Maggie Gar	diner			
15. WAS DECEASED I	EVER IN U. S. ARMED FORCES		NFORMANT	Address			
No	(1.74, 9.12 10.16)	578-28-2106	Mary Neal, 64	.02 Aller	ntown	Road	S.E.
18. CAUSE OF DE	EATH [Enter only and couse pe	r line for (a), (b), and (c).]			11	INTERVAL BETWE	EN Tr4
PART I. DE	MATH WAS CAUSED BY:	Acute congest	ive heart fail	ure		rivor nivo och	
422.2	DUE TO						
Canditions, if		Myocarditis					
gove rise to imm	nediate cause						
(o), stoling the	(c)						
Z PART II. O	THER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVE	N IN PART I		
Scler	roderma, dys	phagia, arthir	ridies, depress	sion, ast	thenia	YES T	NO CK
Scler  Scler  Scler  Coa. External C  PRIMARY   or C  CAUSE OF DEAT	ONTRIBUTING [	SCRIBE HOW INJURY OCCURRED. (E	Enter nature of injury in Part I ar Part	If of item 18.)			
20c, TIME OF INJ	n. 1		CE OF INJURY (Home, form, ary, street, affice bldg., etc.)	ty or tawn)	(County)	)	(State)
21. I certify	that I took charge of	the remains described obo	ve, held on Autopsy [],	Inspection 3	Inquiry	A, one	d in my
opinion deat	h resulted from: Notu	rol couses Accident	, Suicide , Homicid	e . Undeler	mined mor	nner 🔲	
		06-3	1				101100
ACTUAL SIGNATURE	anner	All American	M.D. CHIEF MEDICAL EXAMINER			DATE S	GNED
		and the same	ASSISTANT MEDICAL EXAMIN	IER 🔲			
EXAMINER'S NAME (Type)	James I. Bo	yd	DEPUTY MEDICAL EXAMINER		March	13,	1958
22a. BURIAL, CREMAT	6.4	8 200 C C	CREMATORY 22d LOC	ATION (City, town, a	county)	(State	)
23. FUNERAL DIRECTO	OR'S SIGNATURE	1 ADDRESS 43391	HUNT P. J. 240. REC'D BY REGI	0 /	TRAR'S SIGNA	TURE	, .
Joyce	ce c'you	lins N.F. Wash.	19, D, C, DATMAR 1 7 '5	8 Cles	educe!		

BUREAU V. E.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03708

3696 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince Get	irges	MARYLAND	o. STATE	NCE (Where decease	d lived. If institution b. COUNTY	on: Residence be	fore odmis	sion)
b. CITY OR TOWN (If outsing RURAL and give nearest Cheverly	de corporote limits, wri town)	c. LENGTH OF STAY IN 16		WN (If outside corporate tehellsv		URAL ond give r	nearest tow	n)
d. NAME OF HOSPITAL (IF	not in hospital, give str		d. STREET ADD				e. IS RES	SIDENCE
OR INSTITUTION Prince Georg	ree General	Hognital	Churc	h Rd			ON A	FARM?
3. NAME OF	First	Middle	lost	4. DATE				
DECEASED (Type or print)	William	Thomas Sa	voy	OF DEATH	Marc		15	19 58
S. SEX 6. C	OLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	Months Day		1
Male B	Lack WID	OWED DIVORCED	??		lost birthdoy) 23 yrs.	Months Day	Hours	Min.
10o. USUAL OCCUPATION (Gi during most of warking lif	ve kind of work done e, even if retired)	10b. KIND OF BUSINESS OR INDE	ISTRY 11. BIRTHPLACE	E (Stote or foreign o	country)	12. CITIZEN	OF WHAT	COUNTRY?
13. FATHER'S NAME		V	14. MOTHER'S MA	AIDEN NAME				
15. WAS DECEASED EVER IN U	. S. ARMED FORCES? give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT		Addi	ress		
PART I. DEATH W. IMME  57. /  Conditions, if ony, w gove rise to immed cause (o), stoting the unlying couse lost.	AS CAUSED BY: DIATE CAUSE (o) DUE TO hich iote der:  (b) (c)	er line for (o), (b), ond (c).] Purpura Hemorrha eningococcemia NS CONTRIBUTING TO DEATH BU	(neisseria	intracel		0	PERFC	urs
	onth, Day, Year 20		ACE OF INJURY (Hon	ne, form, 20f. (Cit		(Count	у)	(State)
20c. TIME OF INJURY Mo		hile Not while fo	ctory, street, office bl	dg., etc.)				
21. 1 certify that I alive on	2	eased fram		05A_M, fra		ind on the d	late state	
226. BURIAL, CREMATION, 22 REMOVAL (Specify)  23. FUNERAL DIRECTOR'S SIGN	b. DATE THEREOF  B - 19-5	22c. NAME OF CEMETERY C		Driet	TION (City Jown, o	lla-M	d (Stot	re)
District mo	rtición Fo	eneral Home 1700	2/ /	ATE 3-16-5	8 John	TRAR'S SIGNAT	atro	2
				MAR 1 8	58	Ur edu	ch	

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BUREAU V. L.

Approximate participation and provided

CERTIFICATE OF DEATH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital at attending physician.

TO FUNERAL DIPCATOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should stacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 an

VS A15 (4) 15M 9/55

3697	CERTIFICATE OF DEA	Reg. Dist. No.
Prince C-OOVOE	MARYLAND MASTATE	E (Where deceased lived. If institution, Residence before admission) b. COUNTY b. COUNTY color of the color o
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town)  Riverclale.	LENGTH OF STAY IN 16 c. CITY OR TOWN	A (If outside corporate limits, write RURAL and give nearest fown)
d. NAME OF HOSPITAL (If not in hospital, give street oddr. OR INSTITUTION Le and Memorial Hospi	tal "(/d. STREET ADDRES	
NAME OF DECEASED (Type or print) A F) 4 a Elizab	eth Schride beck	4. DAYE Month Day Year OF DEATH MANCH 23 1953
SEX 6. COLOR OR RACE 7. MARRIED [ FEMALE WITH WIDOWED	NEVER MARRIED   8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 118 Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life even if retired)  4 VCL 1 d		Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY  1. S. C. O. W. S. L. D. J. H.
FATHER'S NAME Fred young	14. MOTHER'S MAID	
S. WAS DECEASED EVER IN U. S. ARVED FORCES? 16 90C Yes (10. o) (Ningwn)   If yes, give word dates of service)	one M. Louis.	I chmadebeck Hyattaville
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o) DUE TO    Conditions, if ony, which   gove rise to immediate	Dennyshegn	MITERVAL BETWEEN ONSET AND DEATH
couse (a), stoting the under- lying couse lost.  PART II. OTHER SIGNUICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO THE T	REMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
PART II. OTHER SIGNAL CONDITIONS CONT  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter noture of injur	PERFORMED? YES NO
	Y OCCURRED 20e. PLACE OF INJURY (Home,	form, 20f. (City or town) (County) (Stat
Hour o.m. While	Not while of work foctory, street, office bldg.	,, etc.)
21. I certify that I attended the deceased of alive an Man 22, 19 3		MMC23, 1959, that I last saw the decear.  M. fram the causes and an the date stated about the decear.  ADDRESS (Street, city or town, state)  DATE SIGNATION TO STATE
PHYSICIAN'S L. W. Ma	lin M.D.	·
PREMOVAL (Specify) 3/26/58	SNAME OF CEMETERY OR CHEMATORY	120 LOCATION (City, town a county) (Stote) Les Bewels Dam, Wisc
3. FUNERAL DIRECTOR'S SIGNATURE	ABBRESE CLERE WILL 240.	REED BY REGISTRAR 246 REGISTRAR'S SIGNATURE

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Prince Georges b. COUNTY MARYLAND erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) RURAL and give negrest town) Glenn Dale 2 months Washington (miral d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Dale Hospital ON A FARM? 1214 12th St., N. W. YES NO TO 2. NAME OF 4. DATE Middle Month Year DECEASED P --Orman Ray Schoolev DEATH (Type or print) 58 19 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Male White WIDOWED T DIVORCED popers. YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? D. L. Aule Columbus. Ohio Metal Polisher Ohio USA carban 13. FATHER'S NAME after 14. MOTHER'S MAIDEN NAME William Franklin Schoolev Cora Allen Federoff haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 226-20-776 Decedent 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)\_\_\_\_ Pulmonary tuberculosis Vrs. 002 X DUE TO permit. any Conditions, if any, which gove rise to immediate DUE TO cause (o), stoting the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO Pulmonary emphysema and cor pulmonale 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. n. While Not while of work at work p. m. \_\_\_\_ 19\_58 that I last saw the deceased 21. I certify that I attended the deceased fram\_ and that death accurred at \_\_3:55PM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Glenn Dale Hospital 0 shaule PHYSICIAN'S Moe Weiss, M. D. Glenn Dale, Md. NAME (Type 3 22b. DATE THEREOF 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Virginia 0 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE

U. A ellech

VS A15 (4) 15M 9/55

death.

CERTIFICATE OF DEATH

BUREAU V. K.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DERT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE District of Columbia Page o. COUNTY files. Health, Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ror. Washington Dead on arrival Cheverly

NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM d 3 to the funeral of may be retained with the State Boours after death. 1310 Trinadad Avenue Prince George's General Hospital YES NOT NAME OF DECEASED Scott Wilson Woodrow March 58 (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9 AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. 5 may 2 with 38 Months Doys Hours | Min. WIDOWED | DIVORCED | March 1. Male Colored pup 1, 2, an Page 5 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) recuted within 24 hours after d it in them 18. Give Pages 1, 2, ffice along with farm PM3. Pa transit permit. File pages 1 a South Carolina U. S. A. Laborer General 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary ? James Scott 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor at dates of service) Mrs Ruby Scott. same as # 2 No 18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (o) burial-transit Office DUF TO Lacerated inferior vena cava Conditions, if ony, which gove rise to immediate couse DUE TO Examiner (a), stoling the underlying O couse fost QS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY Ased PERFORMED? Chief Medical E should be used to burial, cremo NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Bank of a ditch caved in on him Chief 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) In a ditch Hour XXX Whife Not while m Capita Heights P. G. Md. 16 Mar. 79 11+10 p.m. Page 21. I certify that I taak charge of the remains described abave, held an Autopsy , Inspection : Inquiry D and in my rded TOR: opinian death resulted fram: Natural causes . Accident X Suicide . Hamicide . Undetermined manner MEDICAL DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE Pe AL SISTANT MEDICAL EXAMINER EXAMINER'S should FUNER DEPUTY MEDICAL EXAMINER March 7, 1958 NAME (Type) James I. Boyd 220. BURIAL CREMATION, 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) 40 ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. AF5ME

MARYTAND STATE DEPARTMENT OF HEALTH OF BEATH

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BUREAU V. E.

8361 P.1 AAM



3699 CERTIFICATE OF DEATH Rea. Dist. No. Page director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY be filed MARYLAND deoth. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 5 0 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO pup NAME OF Middle 4. DATE Month Year Day DECEASED OF DEATH COBIF (Type or print) 1958 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Days WIDOWED | DIVORCED | yrs. 10 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MARYLAND USA. after 13. FATHER'S NAME COBLE F SEARS SR MAGDALENA. HARTMAN. remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NONE ttending MOTHER 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a, PART I. DEATH WAS CAUSED BY: pronchiolitis hours IMMEDIATE CAUSE (o) DUE TO upper respiratory infection Conditions, if any, which gove rise to immediate DUE TO coese (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? 0 YES NO DE 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) Hour a. m. Not while of work of work 21. I certify that I attended the deceased from that I last saw the deceased oched and that death accurred at 11 A M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) SIGNATURE 210 shauld strong pri PHYSICIAN'S NAME (Type) FUNER. 22b. DATE THEREOF 22C NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) WH, pode 0 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REDISTRARYS SIGNATURE VS A1S (4) 1SM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

17	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
V	3770 CERTIFICATE OF DEATH Reg. Dist. No. 13713
1)	PLACE OF DEATH a. COUNTY FRINCE SEOR GEMARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY CESSED COUNTY CESSED COUNTY CESSED C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
00	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  OR INSTITUTION  ON A FARM?  YES   NO IT
	NAME OF DECEASED (Type or print) ELIZABETH Middle SHORTER OF DEATH MARCH 23 1958
3	SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In yeors   IF UNDER 1 YEAR IF UNDER 24 HRS.
1/	OG. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BITTHPLACE (State of Toreign country)  11. BITTHPLACE (State of Toreign country)  12. CITIZEN OF WHAT COUNTRY:  14. MOTHER'S MAIDEN NAME
1	William Shorter amelia Bislon
- G	Tis cause or
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  ONSET AND DEATH  ONSET AND DEATH  Conditions if any which )
	gave rise to immediate couse (o), stating the under-lying cause last.  (c) Luca Luca Malana M
FICATION	
AL CERTII	
MEDIC	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. p. m. 19 While Not white of work at work at work 19 of work 19 Not white of work 19 Not white of work 19 Not
	21. I certify that I attended the deceased from 1950 that I last saw the deceased alive on 270 that I last saw tha
	ACTUAL SIGNATURE LOCAL STREET AND ADDRESS (Street, city or town, state) 3 DATE SIGNED M.D. ACTUAL Many forms 3 DATE SIGNED
	PHYSICIAN'S

CERTIFICATE OF REATH

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HARRIEON

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BUREAU V. S.

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HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be and or the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained at your files.

TO FUNERAL CTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State if the of Health, or its designated agent, prior to burial, cremation, or remayol, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.			n	3	7	1	4
Reg.	Dist.	No.	4.7	0	-	.2.	-

							Wall Dis	. 1101
PLACE OF DEATH	0.	100		2. USUAL RESIDENCE	(Where deceose	d lived. If institu	ution: Residen	ce before admission)
	rince George	38	MARYLAND	o. STATE Mary	land	b. COUNT	Pr.	Geo.
b. CITY OR TOWN (H	outside corporate limits, write		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (		prote limits, write	RURAL and a	tive negrest town)
end give negrest town	1)		7 daws			Street		,
Chever		6 a !- b -	7 days papitol, give street oddress)	-	prexer	Sureer		
d. HAME OF HOSPIT	AL OK HASHIOHOM (II	i noi in no	spirol, give street oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	eorges Gener	cal H	ospital	Hyat	tsville			YES NO
3. NAME OF DECEASED	Firs	ŧ	Middle	lost	4. DATE	Mont	h	Doy Yeor
(Type or print)	Jack		Thomas S	Simpson	DEATH	March	14	1958
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED B		1	AGE (In years	IF UNDER 1	
Male	white	WIDOWI		9-74-36		21 yrs.	Months De	ays Hours Min.
The second secon		one 10b.	KIND OF BUSINESS OR INDUST	, , -	e or foreign co	, ,	12 CITIZI	EN OF WHAT COUNTRY
during most of working	ng life, even if retired)		Washington Pos			_		J.S.A.
13. FATHER'S NAME			Magniffig con Los			0.		J.D.A.
2000				14. MOTHER'S MAIDEN				
	on M. Simpso			Anita L	Stewar	T		
15. WAS DECEASED EV	ER IN U. S. ARMED FOR			NFORMANT		Address		
No			578-46-7166 M	rs. A.J.Staa	1; Edge	water, 1	Marylar	nd.
18. CAUSE OF DEA	TH [Enter only one cour	e per line	for (a), (b), and (c), }					INTERVAL BETWEEN
	TH WAS CAUSED BY:							ONSET AND DEATH
	IMMEDIATE CAUSE (0)		Fractured sl	cull and cru	shed ch	est		
823X	DUE TO		I a					
Conditions, il o			Automobile	accident.				
gove sise to immed	diote couse							
(o), stoling the couse lost.	undertying							
	J (c).	O SIAOLTIC	ONITRIBUTING TO DEATH BUT A	OT BELLTED TO THE TEN				
Q /AKI 11. O.11	TER STOTAL TEXT COINE	THOM'S C	ONTRIBUTING TO DEATH BUT N	IOI KETATED TO THE TEKN	AINAL DISEASE	CONDITION GIV	EN IN PART I	(o) 19. WAS AUTOPSY PERFORMED?
PART II, OTH								YES NO
200. EXTERNAL CAL	JSE WAS	DESCRIB	E HOW INJURY OCCURRED. (E	nter noture of injury in Po	ert I or Port II o	[ item 18.)		
PRIMARY OF CONCAUSE OF DEATH.	THE CHILD LINE	Oper	ator of an auto	omobile in c	ollisio	m with	a pole	
3 20c. TIME OF INJUR	RY Month, Doy, Year	r 20d.	INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, for	m. i 20f. /City e	or town)	(Count	y) (Stote)
8.00 P. m.	3-7-58	Whil	e Nol while facto	ory, street, office bldg., eld	c.)			
	19		ork ot work High					Geo. Md.
			remains described aba					
opinian death	resulted fram: N	latural	causes [], Accident	Ck Suicide ,	Homicide	, Undete	rmined mo	nner 🗍
\ \ \	1		1					
ACTUAL	Mars D-8	AN.	lan res	CHIEF MEDICAL E	YAMINEP (7)			DATE SIGNED
SIGNATURE	DV TY	10	www.	_ M.U.	_	<b></b>		
EXAMINER'S NAME (Type)	John T. Mal	loney	M.D.	DEPUTY MEDICAL		_	14, 1	1958
220. BURIAL, CREMATIO REMOVAL (Specify)	N. 225. DATE THEREOF		22c. NAME OF CEMETERY OR	CREMATORY	22d LOCATIO	ON (City, town,	or county)	(Stote)
BTRIAL								
	3/10/50		George Washin	gton Mem Pla	PI	CEORGE	S CO M	n .
23- FUNERAL DIRECTOR	3/18/58 S SIGNATURE		George Washin			GEORGE		
	3/18/58	,<	ADDRESS		PAR FEGURA		S CO M	

FOR STATE

# MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MEDICAL EXAMINER'S CERTIFICALL OF DUATE

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18 1958					t of nebt	

VS A15 (4) 15M 10/57 M

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702	CERTIFICATE	OF	<b>DEATH</b>
		-	

3

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince Geo	rge		MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	here deceased liv	b. COUNTY	n: Residence bef	are admiss	sion)
b. CITY OR TOWN (If RURAL and give ned Cheverly	autside corporate lim arest town)	ls, wrile	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carporote	limits, write RL	JRAL and give no	earest tawi	1)
d. NAME OF HOSPITA OR INSTITUTION Prince Geo			- 20 00/ 11	d. STREET ADDRESS / 7905 Kree	eger Dr				FARM?
3. NAME OF DECEASED (Type or print)	Edi:	si bh	Middle O.	Smith	4. DATE OF DEATH	Marc	_		Year 1958
5. SEX Female	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Aug. 16, 193	32 9.	AGE (In years last birthdoy) 25 yrs.	Months Days	R IF UNDI Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATIO during most of worki Housewii	ng life, even if retired	done 10b.	KIND OF BUSINESS OR INDU		ar foreign count	try)	U.S.		COUNTRY?
13. FATHER'S NAME	IKNOWN			14. MOTHER'S MAIDEN					
15. WAS DECEASED EVER	IN U. S. ARMED FOI f yes, give wor or dates of			Mr. Charles S	mith, H	nsband,		# 2	
Conditions, if on gove rise to im cause (o), stating to lying cause lost.  PART II. OTHI	mediote DUE TO	DITIONS	eneralized Construction to grath But we believe	Suspens	unt.	Meure	EN IN PART 1(0)	PERFC	Autopsy or No No
	CAUSE OF DEATH	206. DESC	CRIBE HOW INJURY OCCURRE						
20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Ye	While	NJURY OCCURRED 20e. PL Nat while of work	ACE OF INJURY (Home, forn ctary, street, office bldg., etc	n, 20f. (City ar	town)	(County	)	(State)
21. I certify the olive on	He Ken	decease , 19 .	D, Okipton	MD. 4500 (4500 Oollege	AM, from the ADDRESS (Street	he causes a	state)	ate state	deceased ed abave. ATE SIGNED
22a. BURIAL, CREMATION BURIAL (Specify)	3/20/58	)F	Macon Memo	R CREMATORY Orial Park	Macor	N (City, tawn, o	r county)	(Stot	e)
23 FUNERAL DIRECTOR'S	SIGNATURE Dan	sler	ADDRESS	240. REC. DATE MA	D BY REGISTRAL	245. REGIS	TRAR'S SIGNATURE	JRE .	

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BUKEAU V.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03716 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA Reg. Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Files. Health, o. COUNTY Washington D. CCOUNTY Prince Georges MARYLAND b. CITY OR TOWN III outside corporate limits, write BURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM delay is no retained f e State B: Prince Georges General Hospital 1450 Que Street YES TI NO TE NAME OF DECEASED (Type or print) 1958 DEATH March 21. Rev Stewart 5 SEY 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HES Months Hours Male Colored WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired chef U.S.A. North Carolina Give Pages 1 Give Pages 1 h farm PM3. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Stewart Hattie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address ould be executed within 24 in pencil in Item, 18. Giver's Office along with factorial-transit permit, Fi Mary E. Faison: Suffolk, Va. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (o) DUE TO Complete amputation of left leg and partial Conditions, if ony, which gave rise to immediate cause pending" in period Exominer's used as a buri amputation of right, lower third. Fractyred Pelvis DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Id 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH. A pedesthian. Struck by an automobile on highway. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Month, Dov. Year (County) (Stote) 50 factory, street, office bldg., etc.) Not while While at work of wark Highway Greenbelt. Prince Georges. Md. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry rded ! opinion death resulted from: Notural causes . Accident Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE the be ASSISTANT MEDICAL EXAMINER EXAMINER shauld FUNER NAME (Type) John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slate) REMOVAL (Specify) Mch. 27/58 Woodlawn Washington, D.C. 0 Burial 24o. REC'D BY REGISTRAR 5M 2/57 DATE Funeral

S-VILL NO CHILL India tole Interior description abelian Themself 21, 30 3 1 10 Marine Marine Talk Bazzarill dary E. Talent; out ind. . Sevens terrie english et light, de let to let terries end rereint A pedestrian. Struck by an automobile on highest. Z V UABRUE TO THE TOTAL X TO THE TOTAL N. Z. E. T. T. S. TAN

FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained four files.

TO FUNERAL Dractor: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8c of Health, an its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 274 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 13717

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
	a. COUNTY Grues Gearges MARYLAND	o. STATE Les treet of b. Country lumbra
	b. CITY OR TOWN (If outside corporate lighting rate RURAL . C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	fort washington Transmit	Washinter 5, 347x3
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  O. IS RESIDENCE ON A FARM?
	at tight House	1032-1 Jaman Jerrocites 1 NO 1
	3. NAME OF DECEASED First Middle	Lost 4. DATE Menth Day Yeor
	(Type or print) farland forwar	dummer DEATH Cricinel 9 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DETE OF BIRTH 9. AGE (In yours IF UNDER TYEAR IF UNDER 24 HRS.
	Meall widowed DIVORCED	6-2-5-24 33 yrs. Months Days Haurs Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foseign country) 12. CITIZEN OF WHAT COUNTRY?
	Climan 4,5 Curfor	el Vergence 74.5,6
	13. ATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Jacob Summers!	mille Hamilton
	15. WAS DECEASED EVER IN U. 6. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	Mar Inice 1942 m	is Connah Leammen sunopota
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lea-
	973.1 DUE TO	1 5 600
	Conditions, if any, which (b) ( Coele (A	ston monoped forsang
	gave rise to immediate cause (a), stating the underlying DUE TO	
	cause last. (c)	
0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	N CONTRACTOR OF THE CONTRACTOR	YES NO
	200. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (6 CAUSE OF DEATH.	inter noture of injury in Part I or Port II of item 18.)
	1 36 1 2 1	CE OF INJURY (Home, form, 120%, (City or town) (County) (Stote)
		ory, street, office bldg., etc.)
	21. I certify that I taak charge of the remains described abo	ec alally for war him of
	opinion death resulted fram: Natural causes Accident	, Suicide , Homicide , Undetermined manner
	ACTUAL L	CHIEF MEDICAL EXAMINER T
0	SIGNATURE	ASSISTANT MEDICAL EXAMINER
2	EXAMINER'S AMES [ ]	DEPUTY MEDICAL EXAMINER 1 Mearch 9 1954
	270. BURIAL EREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	
	Busine 3-12-58 delinator	m. H. Com ali + di
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'MANGEGISTRAP O TAB. REGISTRAP'S SIGNAPORE)
	2.2. Chambus to Inc. 517-112-1	DATE

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# FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for arded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL E TOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State B of Health, or its designance agent, prior to buriol, cremation, or removal, and is any event withfin 72 hours after death. **VS. A15ME** 5M 2/S7

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 374 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 13718

1. PLACE OF DEATH  o. COUNTY  Py	rince George	es	MARYL	0.5	JAL RESIDENCE		ed lived. If institu b. COUNT	Y D G	ce before o	dmission)
b. CITY OR TOWN (III and give regrest fown	f outside corporate limits, writ		c. LENGTH OF STAY IN	1 1b c. 6	CITY OR TOWN (		orote limits, write	RURAL ond	give neares	t town)
d. NAME OF HOSPIT		If not in ho	spital, give street address)	d. :	STREET ADDRESS		Avenue			S RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Myrtle	i Langi	Middle Cort	Swin	lost nerton	4. DATE OF DEATH	March		Doy	Yeor 1958
5. SEX Female	6. COLOR OR RACE	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	ED NEVER MARRIED		\$876		9. AGE  In years   lost birthdoy)   81 yrs.	Months D	YEAR IF U	NDER 24 HRS.
10a. USUAL OCCUPATION during most of working None	ON (Give kind of working life, even if retired)	done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11.	New You		ounfry)		S.A.	AT COUNTRY
13. FATHER'S NAME  John F	athe			14. MC	Charlot		ter			
15. WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give wor or dates of		SOCIAL SECURITY NO.	17. INFORMA		nerton	Address		as #	2.
CATIO	diote couse underlying DUE TO (c)	DITIONS C	Cardiovase ONTRIBUTING TO DEATH	BUT NOT RELA	ITED TO THE TERA	MINAL DISEASE		VEN IN PART		RFORMED2
20g. EXTERNAL CAI PRIMARY Or CO CAUSE OF DEATH.  20g. TIME OF INJU Hour a.m. p. m.	RY Month, Doy, Ye	or 20d. Whi	INJURY OCCURRED 20e	PLACE OF IN	NURY (Home, for	rm, i 20f. (City		(Coun	iy)	(State)
		Naturol Ma	remains described causes X, Accide loves, M.D.	ent [],		Hamicide  EXAMINER   CAL EXAMINE	, Undete	, Inquiry ermined me March	anner [	TE SIGNED
220. BURIAL CREMATIC REMOVAL (Specify Buria) 23. FUNERAL DIRECTOR	4/2/58		Fort Linco ADDRESS	oln Cen	etery 240. REC		nar Mano		NATURE	State)

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VS. A1SME 5M 2/S7

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03719 Rea, Dist. No.

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7	1. PLACE OF DEATH G. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
-	Prince deorges MARYLAND	o. STATE Maryland b. COUNTY Prince Georges
A	b. CITY OR TOWN (If outside corporate limits, write RURAL on dive nearest lown)  Chaver's  D.O.A.	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fawn)  Hyattsville
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Prince Georges General Hospital	d. STREET ADDRESS  2009 Somerset Street  o. IS RESIDENCE ON A FARM? YES \( \text{NO } \text{NO } \)
	3. NAME OF First Middle DECEASED First Middle	Lost 4. DATE Month Doy Year OF
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8  Female white WIDOWED DIVORCED	1003
	10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)  None	
)	13. FATHER'S NAME George Hayhoe	14. MOTHER'S MAIDEN NAME Susanna Burdis
	(Yes, no. or unknown) 1 III yes give was as dates of service)	NFORMANT Address Hyattsvill bel Blair; 2108 Ravenswood Street., Maryland
)	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (c)  Cardiovascular  (b)  Cardiovascular  (c)	renal disease  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO K
	CAUSE OF DEATH.	inter nature af injury in Port I or Parl II of item 18.}
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a. m. P. m. 19 While Not while foct of work of the other states and the states of th	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, affice bldg., etc.)
2	21. I certify that I took charge of the remains described abo opinion death resulted from: Natural causes . Accident [  ACTUAL SIGNATURE	
	NAME (Type)   John T. M. loney, M.M.	CREMATORY 22d. LOCATION (City, town, or county) (Slote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  P'. Gasch's Sons Hyattsville, Md.	DATE MAR 1 3 158 CLL CRUICK

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wealthat design weld assess where the transfer of the

BUREAU V. S.

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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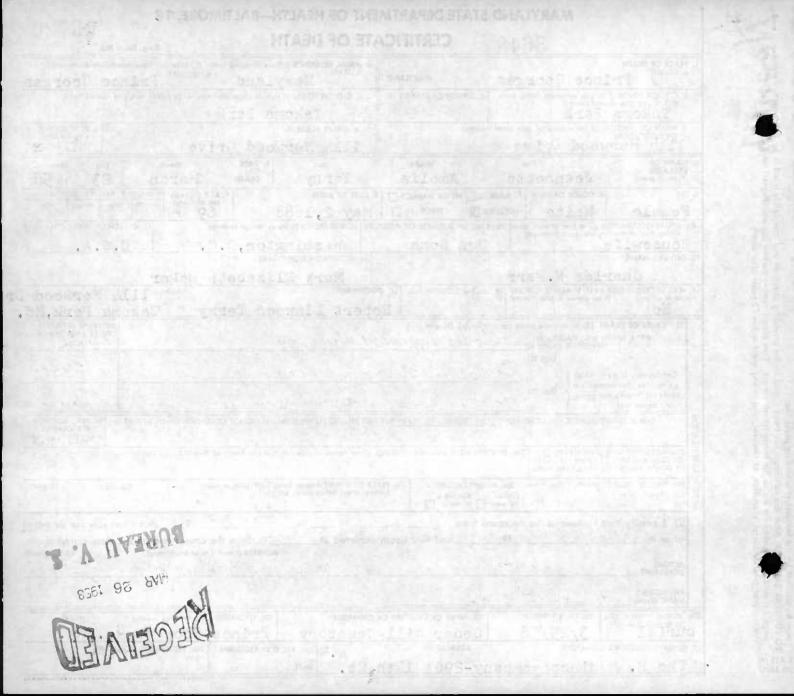
Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE ()		ion: Residence befare admission)
Prince Geo	rges MARY	LAND Mar	yland b. COUNTY	Prince Georges
b. CITY OR TOWN (If outside corporate I RURAL and give nearest tawn)  Takoma Park	imits, write c. LENGTH OF STAY	1.00	f outside corporote limits, write I	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospito or institution 1114 Merwood Dri		d. STREET ADDRESS	wood Drive	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Jeanne	First Middle tte Ameli	a Terry	4. DATE Mo OF DEATH Mar	
5. SEX 6. COLOR OR RAC	7. MARRIED NEVER MARRIE WIDOWED TO DIVORCE		9. AGE (In years last birthdoy) 69 yrs	
10g. USUAL OCCUPATION (Give kind of wo	rk done 10h KIND OF BUSINESS O			12. CITIZEN OF WHAT COUNTRY
during mast of working life, even if retine Housewife	Own Home	Washin	gton,D.C.	U.S.A.
13. FATHER'S NAME	18 E - 1 CV - 2 V - 2	14. MOTHER'S MAIDEN		
Charles N.F			lizabeth Bak	
15. WAS DECEASED EVER IN U. S. ARMED F [Yes, no. or unknown] [(If yes, give wor or dates	of service) 16. SOCIAL SECURITY NO			dress 1114 Merwood
No		Robert Linw	cod Terry	Takoma Park, Md
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED B IMMEDIATE CAUSE	Y: ( my may or	/	u	INTERVAL BETWEEN ONSET AND DEATH
480.1 DUE		1 - 1		100
Conditions, if ony, which )	Loronary	heart du	rase	6 Hars
gove rise to immediate couse (o), stoting the <u>under-lying</u> couse lost.	10 Hy barken	sur heart	Liscase	16 quar
PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CO	20b. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature of injury i	n Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Hour o. m. p. m.	White Not while	20e. PLACE OF INJURY (Home, fo factory, street, office bldg., o	rm, 20f. (City or town)	(County) (State)
21. I certify that I attended t	he deceased from Al S.B	12 , 1950,10	Mar 23 195	Ethat I last saw the deceased
alive an Mar 22	6.0	7, 11		and an the date stated above
41		11	ADDRESS (Street, city of town.	
ACTUAL SIGNATURE	e spire	MD 4601	165the was	ARC 3/23/58
PHYSICIAN'S TRAKE NAME (Type) TRAKE	SPIRE		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
220. BURIAL, CREMATION, 22b. DATE THE	REOF 22c. NAME OF CEME	ETERY OR CREMATORY	22d. LOCATION (City, town,	or county) (State)
- REMOVAL (Specify)		lll Cemetery		rges Co. Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
The S. H Hines	Company-2901	11 4.3 CA TA • AA	100 C 150 100 100	Louish

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRF OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should a stacked far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours affer Geoth. VS A1S (4) 1SM 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03721 **CERTIFICATE OF DEATH** 3743 Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY filed b. COUNTY MARYLAND 18 vince b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autifide corporate limits, write RURAL and give nearest tawn) RURAL and give nearest Jawn) d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET, ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Manth Lost Day Year DECEASED (Type ar print) DEATH 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Hours Min. DIVORCED [ WIDOWED D yes USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) death. 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (If yes, give war or dates of service) CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), slating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Month. Day, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, affice bldg., etc.) Hour 0. m. While Not while 19 ol work at work p. m. 1928, that I last saw the deceased 21. I certify that I attended the deceased from alive an\_\_ , and that death occurred at Life M, from the causes and an the date stated above. TOR ADDRESS (Street, city or town, state) DATE SIGNED 0 ACTUAL 3 shaul PHYSICIAN'S NAME (Type) may be reta 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, for county) (State) REMOVAL (Specify) Noodlawn Bennings 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE MAR 2 6 VS A15 (4) DATE 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3796 CERTIFICATE OF DEATH

Rea	Dist.	Na	-11	3	6	4
reg.	DIST.	NO.			100	

place of DEATH a. COUNTY	2. USUAL o. STAT	RESIDENCE (Where d	eceased lived. If instituti		are admission)
Prince George	ARTLAND	Maryland		Prince	George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	TAY IN 1b c. CITY	OR TOWN (If outside	corporate limits, write R	URAL and give ne	earest town)
Laurel 4 hour	5 4	Laurel			
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION		ET ADDRESS			. IS RESIDENCE ON A FARM?
Laurel General Hospital, Inc.	100	& Montgo	mery Street		YES NOT
DECEASED (Type or print)	iddle	Lost 4. I	OF Mor	oth D	oy Yeor
Leonard	Timn	0113	Mid	rch 1	7 19 58
Michiel Brate M	ARRIED   B. DATE OF	18 189	9. AGE (In years lost birthday)	Months Days	R IF UNDER 24 HRS. Hours Min.
Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE		AUDIACE ISLAM OF TO		112 CITIZENI	DF WHAT COUNTRY
during most of working life, even if retired)	tation L	amel	Maril	J. CHIZEN	USA
B. FATHER'S NAME	14. MOTH	ER'S MAIDEN NAME	7.		
Samuel Simme		Consider	4		
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANT	- nence	Add	TOWN TOWN	
(es, no, or unknown) (If yes, give wor or dates of service)	n	11	700	1	1 2
no c	Mus	Ida /	engene	Lan	rel M
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), once	(c).]				ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Myocardial	infarction,	acute wit	h ventricul	n r	SET AND DEATH
420.0 DUE TO filbrillate	on .	40400, 1120	11 Venoricul	CLX	
Conditions, if any, which ) (b) Arterioscle	eratic heart	disease	govere		
gove rise to immediate		11200000	507010		
couse (o), stoting the under-					
lying cause lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY
None					PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  None  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED. (Enter natu	ure of injury in Port I	or Port II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of otwork	tactory, street,	JRY (Home, farm, 20 affice bldg., etc.)	f. (City or town)	(Caunty)	(Stote)
21. I certify that I attended the deceased from No.	rember 22 10	57 to Mar	ch 17 1058	that I last s	aw the decease
alian an March 17 10 50		1.500	Mathematical and the Control of the	,11101 1 1031 3	uw life decease
alive on March 17 19 58 , and t	hat death occurred				ite stated above
1		ADDR	ESS (Street, city or town,	stote)	DATE SIGNE
SIGNATURE STRUCK M: Smuth	ип /.	526 4a	rk Kd		3-19-1
	m.b	0 10	100	^	
PHYSICIAN'S		Luther	rille 1	10	
NAME (Type) Vernon M. Smith, M. D.		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
o. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF	CEMETERY OR CREMATOR	22d.	LOCATION (City, town,	or county).	(Stote)
	CEMETERY OR CREMATOR	1 / 22d.	LOCATION (City, town,	or county)	(Stote)
BENOVAL (Specify March 201958 An	CEMETERY OR CREMATOR	netery	Lamel	Ma	uglan
20. BURJAL, CREMATION, 226. DATE THEREOF 22c. NAME OF	CEMETERY OR CREMATOR	22d.  retery  24a. REO B 8Y  MAR 2 4	Lamel	or county K	rylan

MARYLAND STATE DEPARTMENT OF HISALTH-BALTIMORE TO CERTIFICATE OF DEATH.

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WAR 24 1958



FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be 'carded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State it and a fleath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03724 Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY	Prince George	8 MARYLAN	2. USUAL RESIDENCE o. STATE R. I.	(Where deceas	ed lived. If institu b. COUNT		efore odmission)
and give nearest lown)		c. LENGTH OF STAY IN 1			porote limits, write	RURAL and give	nearest town)
Cheverl	V	2 days		ridence		76 X - 3	
- 0	orges General		d. STREET ADDRESS		ie Avenue	e	ON A FARM?
3. NAME OF DECEASED (Type or print)	First Henry	Middle Mines	Vassalian	4. DATE OF DEATH	March	h 28	Yeor 19 <b>5</b> 8
5. SEX Male	2 44	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 5-14- 1885		9. AGE (In years feet birthday) 72 yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATION during most of working Retired Hote	ON (Give kind of work done 10 a life, even if retired)	b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Sio		ountry)		OF WHAT COUNTR
13. FATHER'S NAME	nknown		14. MOTHER'S MAIDEN				
	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		. INFORMANT Anna Vassalis	in; same	Address		
200. EXTERNAL CAU	diate couse DUE TO  Underlying (c)  IER SIGNIFICANT CONDITIONS  USE WAS 206. DESC	Crushed ches contributing to death but the cribe how injury occurred.	T NOT RELATED TO THE TER			VEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
	Ope	erator of an au	tomobile in	collisi	on with	another.	
20c. TIME OF INJUIT 12+20 alm.	3-26-58 W	Od. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, for octory, street, office bldg., et Highway	rm. 20f. (City		Pr. Geo.	(State) Md.
opinion deoth  ACTUAL SIGNATURE  EXAMINER'S NAME (Typ)		22c. NAME OF CEMETERY	M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL OR CREMATORY	Homicide  EXAMINER  ICAL EXAMINER  IL EXAMINER   22d. LOCA	Maj	rch 28, ]	DATE SIGNED L958 (State)
23. FUNERAL DIRECTOR' F. Gasch's		Cedar Grove Condition Address Maryland		Flush C'D BY REGIST AR 3 1 '58	RAR 246. REGI	STRAR'S SIGNATURE	New York

astende vontrin and the same . I de storobs er un gentfame Venne de de del delicating condition, bearingers at a shock at the local of an authorities at eligible and to moderate EESE TOWNS OF STREET Des Long - I showing a recommenda Local T. Haloney, M.I.P. IE AAM STATES OF THE PERSON OF THE PE 3/3//38 - Braignal addivations and added .

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIEICATE OF DEATH

			CERTIT	CAI	L OI DEA			Reg. D	ist. No.		
o. COUNTY Prince G	eorge		MARYLAI	- 11	usual RESIDENCE ( o. STATE Marylan d	Where decea	sed lived. If institu b. COUNT	rion: Reside	e Ge	re admis	sion)
	If outside corporate limi	ls, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (	If outside cor	porate limits, write	RURAL and	give nea	rest tow	n)
Cheverly			15½ hours	15	Hyattsvil	le					
OR INSTITUTION	TAL (If not in hospital, g		oddress)	1	d. STREET ADDRESS 5109 - 72	nd Pla	ace			ON	SIDENCE A FARM?
NAME OF DECEASED	Fig		Middle		Lost	4. DATE	Mo	onth	Da	у	Year
(Type or print)	Lo	usia			Vogel	OF DEAT	н Ма	rch	14		1958
. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In year	IF UNDE	RIYEAR	IF UND	ER 24 HRS.
Female	White	WIDOW			3-10-187	7	lost birthday)	Months:	Doys	Hours	Min.
Housewin	ON (Give kind of work line) life, even if retired	done 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (SIG	ote or foreign	country)	12. C	U.S	· A	T COUNTRY?
3. FATHER'S NAME Sebastia	an King			1-	Anna		leman				
	R IN U. S. ARMED FOR			Mrs	Elsie K	ing-5	109-72n	dress d Pl.	Нуа	tts	ville
Conditions, if of gove rise to i couse (o), stating lying couse lost.  PART II. OTI  20a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY	the under-	)	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER			IVEN IN PA	RT 1(o) 1	PERFC	AUTOPSY DRMED?
	AS UNDERLYING COURSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	URRED. (E	nter noture of injury	in Part I or P	ort II of item 18.)				,
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yes	20d. It While of wor	Not while	e. PLACE factory.	OF INJURY (Home, fo street, affice bldg.,	orm, 20f. (C	ity or town)		(County)		(State)
21. I certify the clive on	not I attended the work 14	decease , 195	ed from Juns  of and that de  limeas	eath ac	35030 2011		om the causes (Street, city or town	and on		le stat	
220. BURIAL, CREMATIC SEMOVAL (Specify)	3/18/	50	St Mare	RY OR CR	EMATORY Cem	22d. 100	ATION (City, lown,	or county)	- 4	lou	10) Va
23. FUNERAL DIRECTOR	Leu's So	no	300 HM	ST	N.E. DATE	MAR 1	7 '58 24b. FEG	ISTRAP'S S	SUL	E	·

funeral directar. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIFFIOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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VS A15 (4) 15M 10/57

CERTIFICATE OF DEATH B. 18 ISTN + BULL SHIRLS - BILL ST 8261 7.1 9AM 3/18/58 St Mauja Com 1 h.m. face Sow 300 AKST NE

### CERTIFICATE OF DEATH

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	U	- 6	2	₹

3/44	CERTIFICATE OF DE	Re	eg. Dist. No.
1. PLACE OF DEATH. O. COUNTY PLINEE GEOT	2. USUAL RESIDEN O. STATE	CE (Where deceased lived. If institution: b. COUNTY	Residence befare admission)
b. CITY OR TOWN (If outside corporate limits, write RURAD and give nearest town)	AENGTH OF STAY IN 16 C. CITY OF TOW	VN (If outside corporate limits, write RURA	L and give nearest town)
d. NAME OF HOSPITAKIN not in hospital, give street ad JOK INSTITUTION	dress) Rd. 4.041	Sladensburg T	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Elizabeth	Middle Wethe	LOCO DEATH Month	
Tehale White WIDOWED		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNDER I YEAR IF UNDER 24 HRS. Onths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)	NO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE	(State or foreign country) A. PA	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MA	IDEN NAME	MAV
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC. (Yes. no. or unknown) (If yes, give wor or dates of service)	CIAL SECURITY NO. 17. INFORMANT  FAIRLAND	H. Wetherbee	4104 Bladons bus
18. CAUSE OF DEATH [Enter only one cause per line PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (o), stating the under- lying cause last.  (c)	for (a). (b). and (c).] 400. 10 - 519 14101	d Colota	INTERVAL BETWEEN ONSEL AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NOT RELATED TO THI	ETERMINAL DISEASE CONDITION GIVEN I	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRED. (Enter nature of inj	ury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJU While of work [	JRY OCCURRED Not while at work   20e. PLACE OF INJURY (Hom factory, street, office bld	e, form, 20f. (City or town) lg., etc.)	(County) (State)
21. I certify that I attended the deceased alive an MANCH 21, 195	from Sept. 15, 1957, to 2, and that death accurred at 5	M, from the causes and	
SIGNATURE Charles C. Ha	geage_MD:3308;	ADDRESS (Street, city or town, state	OHIPM Md. 3/21/
PHYSICIAN'S Charles C, I	tageage 3308	} Perry 5t,	Mt. Rainier, M.
BUNIAL 3/25/58	EC. NAME OF CEMETERY OR CREMATORY  FOR T WINCOLD	N BLADENS	BURG, MD
23. FUNERAL ORECTOR'S SIGNATURE / C.	North D.C. 240		R'S'SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 funeral director may be retained by the hospital or attending physician.

TO FUNERAL DIFF FOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld.

Page 3 shauld.

Pages 1 and 2 hours, after death, are remard, and in any event within 72 hour, after death.

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VS A15 (4) 15M 10/57

MARYSAND STATE DEPARTMENT OF HEALTH PARTMONE, 18

VS A15 (4) 15M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item\_9\_FilmG227\_3-28-58\_et

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	37	45	CERTI	FICA	ATE OF D	EATH				Reg. D	ist. No.		0146
1. PLACE OF DEATH  o. COUNTY  Pr	rince George	3	MARY	LAND	2. USUAL RESID		ere decease	ed lived. I	f institution	on: Reside	nce befo	re odmiss	sion)
	If outside corporate lim		c. LENGTH OF STAY	IN 1b	c. CITY OR T		etside corp	orote limits	, write R	URAL and	give nec	rest town	n) {
	Dale (RITRAL	)	40 days		Was	hingto	on		11	7 X-	3		
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital, a	ive street o	oddress)		d. STREET A		-			1 1		e. IS RES	
	Dale Hospit	al			38	- Eye	St	N.E.	7-4-		-		FARM?
3. NAME OF DECEASED	Fi	st	Middle		Lost		4. DATE		Mon	th	Do	v	Year
(Type or print)	Wil	lliam			Whitti	ngton	OF DEATH	5.00	Mar		19	,	1958
5. SEX			IED NEVER MARRI	ED 🗍	B. DATE OF BIRTH		133	9. AGE (	In years	IF UNDE			ER 24 HRS.
Male	Negro	WIDOWE			10/8/9	1		66	othdoy)	Months	Days	Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work rorking life, even if retired	done 10b.	KIND OF BUSINESS C	R INDUS	TRY 11. BIRTHPL	ACE (State o	or fareign o	country)	1	12. CI	TIZEN O	F WHAT	COUNTRY
Labore					Wash	ington	n. D.	C.		U.	S.A		
13. FATHER'S NAME					14. MOTHER'S								
Jesse	Whittington				Mart	ha Ca:	rter						
	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. IN	FORMANT	041			Addr	ess			
Yes	1 2020 0		578-12-091	2	Dece	dent.							
	DEATH [Enter only one co			-							INTE	RVAL BE	TWEEN
PART I. D	PEATH WAS CAUSED BY:		Post-opera	Commen		wing					ONS	ET AND	DEATH
162.1	MIMIEDIATE CAUSE (O	-	too opozu	/	1								
Conditions, if	any which )		Dight name	m 000 0	a t anns						7.	0 3.	
gove rise to	immediate (		Right pneu	(If Carter	CCORLY							2 da	ys
couse (o), statin	ng the under-	3	Bronchogen	ic c	arcinoma						9	mon	ths
	OTHER SIGNIFICANT CON	-				THE TERMIN	AL DISEAS	E CONDIT	ION GIV	FN IN PAR			AUTOPSY
2											1,(0)	PERFO	RMED?
	WAS UNDERLYING THE CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED	. (Enier nature of	injury in Po	art I or Pai	rt II of iten	n 18.)				
	URY Month, Day, Yes		JURY OCCURRED	20e. PLA	CE OF INJURY IH	lome, farm,	20f. (City	y or lown)		(	County)		(Stote)
Hour a. 11	10	While at work	Not while at work	TOC	lory, street, office	bldg., etc.)					20.0		
21 I cartifu	that I attended the	decease	d from February	o amr	7 10 58	. Ma	noh 7	0	10 E8			-1	
alive onM	Sanoh 10	10	58 AL-A			0.25 A	44.5	Z-g,	17.20	, mar i	last so	w the	deceased
dilve on	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12-	58, and that	aeain	occurred at		DORESS (S				he dal		ed above. ATE SIGNED
ACTUAL	MH	100	111		07.000						1 - 20		/20 / CO
SIGNATURE		UVI		۸	d.o. Glenn	nare	Hoab	Trai,	GTen	n pa.	re'W	<u>u.</u> 2	777/20
PHYSICIAN'S NAME (Type)	Moe Wei:	35							314				
220. BURIAL CREMAT	HON, 226. DATE THEREO	58	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCA	MIN ICIN	lown, o	county)	w.	(9)	er .
23, FUNERAL DIRECTO	OR'S SIGNATURE ho-	178	ADDRESS	131		24a. REC'D			b. REGIS	TRAR'S SI	GNATUR	EA	
11. 6	Harms	6	1432-4	ons	y'hn	DATE	MAR 2	6 '58	a	U.1-2	auc	in .	

of Colonia (Continued and Assessed will belong the Villey II) 8361 88 AM TO CONTROL OF CONTROL TO BOTH THE THE PROPERTY OF CONTROL OF CONTR YOUR SELECTION OF PROPERTY AND PARTY OF

# TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIPTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 shauls, detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 mould be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death

VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3709 CERTIFICATE OF DEATH

Reg. Dist. No. 03728

									-			
1. PLACE OF DEATH o. COUNTY Prince (	George		MARY	/LAND	2. USUAL RESIDI		ere deceased	lived. If institution b. COUNTY	on: Resider		odmiss	ion)
b. CITY OR TOWN (I RURAL ond give ne Cheverly		s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO		utside corpo	rote limits, write R	URAL ond	give near	est town	)
OR INSTITUTION	At (If not in hospital, g				d. STREET AD	DRESS				е	ON A	IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	fir Hen		Middle		Winds or		4. DATE OF DEATH	Marc		Doy		Yeor 19 58
5. SEX	6. COLOR OR RACE White	7. MARR	DIVORCE		. DATE OF BIRTH	1899		9. AGE (In years last birthdoy) 58 yrs.	IF UNDER	Days Days	F UNDI Hours	R 24 HRS. Min.
100. USUAL OCCUPATION during most of work	ON (Give kind of work or king life, even if retired		kind of Business on Farm	OR INDUST	Mary					S.		COUNTRY
13. FATHER'S NAME William	Windsor			SEV	Mary							
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO		formant pert Wi	ndso	r	Nayl		Mar	/lai	nd
PART I. DEA 340,3 Conditions, if o		)	e for (a), (b), and (c). wulle	-I	hu	m	gt	<b>1</b> 3.				TWEEN DEATH
gove rise to it couse (o), stating lying couse lost.	the under- DUE TO											
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 19	PERFC	NO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED	. (Enter nature of	injury in P	ort I or Pari	t II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yea	While of work	Not while of work	20e. PLA fact	CE OF INJURY (H ory, street, office	ome, form, bldg., etc.)	, 20f. (City )	or town)		(County)		(State)
alive anACTUAL SIGNATURE PHYSICIAN'S	at I attended the 1 mar.  136	19.5 Pas.		death	occurred at 1	1:25r		n the causes of treet, city or nown,	and an t		e state	decease ed abave ATE SIGNE
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	3/20/58	F			CREMATORY . Cemete		_	CON (City, town,	Me	ryl		e)
23. FUNERAL DIRECTOR' Ritchie B		er l	ADDRESS arlboro	Md	_	24a. REGE DATE	BY REGIST	BAR 15 FEGI	STRAR'S SI	GNATURI		

Design of the second state processed adverted Stales MAR 24 1958 \* Mary Computer and the state of the state o